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SUGAR AS A WOUND-DRESSING

The antiseptic methods and their cultivation appear to lead to a multitude of vagaries. All possible substances are poured and dusted on wounds; every imaginable stuff is worked up into dressings, which again are saturated and impregnated in most complex manners. Finely triturated coffee was recently lauded by a Strasburg military surgeon as an antiseptic, good and true, and besides an infallible deodorant of iodoform. And now, again, a Strasburg clinical attaché gives the world his fine results with sugar. Bread and butter, toast, soft-boiled egg, buck-wheat cake, etc., may be employed next, and what shall we do for breakfast?

We are manifestly getting back to a belief in the wound-healing virtues of the substances used in ye olden tyme, such as cob-webs, burned rags, the skin of an egg, etc.

We find in the Centralblatt f. Chirurgie, No. 48, 1885, a reference to a paper, contributed by F. Fischer, to the Deutsche Zeitschr. f. Chirurgie, Bd. XXXII. H. 3–4.

It is stated that since the spring of 1883 there have been employed at the surgical clinic of Strasburg corrosive sublimate solution as a wash and pulverized sugar as a dressing for wounds. The sublimate is employed in a 1:1000 solution for irrigation during the progress of the surgical work. A five per cent solution of carbolic acid serves to disinfect hands, instruments, sponges, drainage-tubes, etc.

The use of the sublimate is credited with the power of prevention of erysipelas. Sublimate poisoning occurred seriously but once in the form of a hemorrhagic nephritis after amputation of the thigh. Bloody diarrhea occurred in two cases only. Stomatitis happened frequently. The urine of adults upon whom sublimate was employed shows a peculiar red coloring and fluorescence. This, according to Hoppe-Seyler, is due to the presence of larger amounts of urobilin.

The author tells us that sugar is not a new dressing; that its application to foul ulcers is an old usage. The antiseptic power of sugar is stated to be marked, though not strong. Organic fluids may be preserved for a time from putrefaction by the addition of sugar.

At first Fischer used the sugar with naphthalin, making a mixture of equal parts. Sugar with iodoform, in the proportion of ten of the former to one of the latter, was also made use of. Of late pure sugar is used and iodoform added only when tuberculous granulations, etc., are dealt with.

The sugar is strewn upon open wounds and dusted into cavities. Sutured wounds are covered with muslin sacks filled with sugar.

Purely granulating wounds and foul ulcers do especially well under this treatment. Wounds with profuse secretion do not mend so nicely. The dressings often could be left for a week or more, the sugar sacks either becoming firmly baked to the granulating surfaces, or in the event of greater abundance of secretion, the sugar became dissolved. In that event a new sack was laid upon the one formerly applied.

The results given are excellent. Of 202 patients, that were so dressed, five died, one of hemorrhagic nephritis, one of erysipelas, one of septicemia, already established at the time of operation, and two of phthisis. Of thirty-seven larger amputations, thirty-one healed by first intention.

Fischer concludes by giving detailed histories and so conveys his belief in the efficacy of sugar as a topical agent in surgery.

Treatment of Typhoid Fever.

Prof. P. K. Pel summarizes his views on this question in an article contained in the Nederl Tydschr. voor Geneeskunde. Heitler formulates them in the Centralblatt f. d. gesammte Therapie, under the following heads:

1. A causal treatment is unknown.
2. It is rational to administer a laxative dose of calomel at the outset.
3. As concerns symptomatic treatment, the degree of fever is no criterion, high fever being not of the grave import usually assumed; such degrees of fever do not directly threaten life.
4. Only those isolated cases that run a hyperpyretic course demand antipyretic treatment, which should consist in cold baths or antifebrile medication. If no contraindications exist, cold bathing deserves preference; of drugs, antipyrine merits a high place for efficacy.
5. Light forms of typhoid demand no special treatment. Grave cases demand external and internal stimulation.
6. Ample nutrition, good ventilation and general hygienic measures should be looked to.

Urethan; a New Hypnotic.

According to Dr. R. v. Jaksch, in the Wiener Medicinische Blaetter, this remedy was first experimented with upon animals by Schmiedeberg. Subsequently, Jolly tested its efficacy upon man.

Urethan is described as consisting of white crystals, easily soluble in water, of a taste resembling nitre and of no odor. Its formula is expressed by $N H_2 Co_2 C_2 H_5$, and it is known as ethylether of carbamin acid.

Jaksch reports his experience with the hypnotic in twenty cases. He employed it 110 times. His conclusion is that urethan is a true hypnotic. In smaller doses, of one-fourth to one-half gram, it is of uncertain influence, and repeated doses are required. But doses of one gram never failed to produce the desired effect.

It appears from the clinical observations so far made that urethan makes an impression upon the cerebrum, and in no wise reduces the irritability of peripheral sensory apparatus. For this reason urethan was found to fail in its peculiar effects in cases of phthisical cough; likewise in cases of severe neuralgic pain and the intense lancinating pains peculiar to tabetic cases.

Points of excellence over other hypnotics appear to be:

1. The drug agrees well with the patients.
2. It arouses no side-effects.
3. The sleep so induced is apparently identical with physiological, normal sleep.

The remedy is, on account of its ready solubility and unobjectionable taste, best given in aqueous solution. No corrective is needed for even fastidious patients.

Enuresis Nocturna and Nasal Obstruction.

That enuresis nocturna is frequently associated with impediment and obstruction to free breathing through the nose has been claimed by Major, a Canadian physician. Dr. Ziem, of Danzig, corroborates this in the Allgem. Med. Centralzeitung.

Appropriate local treatment of the nasal cavities is said to lead to relief and cure of the enuresis.

This is a practical suggestion that certainly merits our attention.

The connection between the two troubles and the causal relationship to the enuresis is sought in the relative respiratory deficiency and consequent carbonic acid intoxication, that follows in individuals that breathe through the mouth.

Tartar Emetic in Phthisis.

The use of this old-time remedy is again recommended by Bucquoy, in the Gaz. des hôpitaux, July, 1885. Bucquoy gives diurnal doses of $0.01—0.015 = \frac{1}{6}—\frac{1}{4}$ grains, and reduces drink to counteract nausea and vomiting. Gradually he comes down to a diur-

nal total dose of 0.005=$\frac{1}{12}$ grain. This medication is then kept up, and fever is thereby reduced, appetite improved, constipation relieved and the cough quieted. The amount of expectoration is lessened. The only contraindications to this method are profuse diarrhea and tuberculous intestinal ulcerations.

Peroxide of Hydrogen in Diphtheria.

The Centralblatt f. d. gesammte Heilkunde contains the report that F. Vogelsang has applied the peroxide of hydrogen in diphtheria with striking, indubitable success. The extolment of the remedy as of disinfective virtues of high order led Vogelsang to make trial of it.

His mode of application was both local and internal. For the latter purpose, he ordered 120 grams of the peroxide with three grams of glycerine. Of this mixture one teaspoonful was given at intervals of one-half to two hours.

Morphine Hypodermically in Infantile Eclampsia.

It is reported in the Centralblatt f. klin Medicin that Dr. Leventeuer, of Constantinople, took refuge to morphine subcutaneously administered in a case of infantile eclampsia, four months of age, after warm baths, cold compresses to the head, chloral internally and choloroform inhalations had failed to relieve.

The first injection was made after the spasms had continued for twenty-four hours; two hours after a second administration, six hours thereafter a third, and ten hours hours later a fourth was had; in each injection $1\frac{1}{2}$ milligram ($\frac{1}{40}$ grain) of morphia was employed. The result was complete cessation of the spasms and rest. Subsequently a fifth dose of three milligrams was followed by comfort for seven hours, a sixth of the same dosage by quiet for twelve hours. A seventh dose of three milligrams closed the course, and a complete cure was established. The child had received by the hypodermic mode the amount of $1\frac{1}{2}$ centigrams ($\frac{1}{4}$ grain) in the course of three days.

Carbolic Acid in Hydrocele.

At the meeting of German Scientists and Physicians at Strasburg in September last, Helferich recommended, after tapping of hydrocele, the injection of 2—6 grams of pure carbolic acid. He tried it in two cases, as he avers, with a radical result and gives the assurance that no pain is experienced.

Overfeeding in Phthisis.

That a happy influence on the phthisical patient is exerted by the ingestion of large quantities of nutritious food stands to reason, provided it is presented in such shape that the digestive apparatus can readily assimilate. Debove inaugurated a mode of forced feeding and even resorted to the stomach-tube in cases of absolute aversion and refusal.

In Friedlaenders' Fortschritte a résumé is given of a paper by Peisser, Deutsche Arch. f. klin. Medicin, detailing his observations on fourteen consumptives so treated.

He gave his patients the meat-powder that Debove introduced and which is prepared by toasting finely minced beef upon tin plates and then pulverizing it in a mortar. About two ounces of this powder is mixed with a pint of milk and three raw eggs, and two such doses administered, if need be, by the flexible soft-rubber stomach-tube each day. After several days each ration was increased by an additional amount of meat-powder and more milk. Thus, rations as high as ten ounces of meat-powders were gradually attained. Aromatics and adjuvants to sustain the digestive tract were given, and reductions made when demanded by circumstances.

All of the distressing symptoms are said to have been ameliorated. The mode of thus forcing the feeding is supposed to be especially adapted in incipient phthisis and there calculated to work permanent curative results.

Cremation—Its Practical Application.

The Missouri Cremation Society that contemplates the erection of a building devoted to this mode of disposition of the dead, has met with a check in the legislative body of the City of St. Louis. It appears that the site chosen for the crematorium was objectionable. At any rate that was the convenient objection that carried against the project. We are glad to learn that the bill is to be reconsidered and modified so as to make possible in St. Louis what is being allowed in more single places already in the United States than abroad. The progressive features of this mode of disposal of the dead must eventually find recognition. The following advances in cremation took place of late. At Woking, England, last week, the third body was cremated. We learn that the process was very satisfactorily completed in an hour and a half, although the body—that of a lady—weighed fourteen stone. The residual ashes were quite white. The Cremation Society requires the fullest information as to the cause of death from two registered medical practitioners. It reserves the right of refusing the use of its furnace in any case where it thinks fit.

The British Medical Journal, that great index of medical thought in Great Britain, says, respecting this event:

"Sanitary reformers generally will join in congratulating the society on the steady progress of cremation in public opinion. In France, a very important advance has been made, as the Prefecture of the Seine has decided to spend £8,000 in the erection of a crematorium in the great Parisian cemetery, Père la Chaise. We trust the Commissioners of sewers for the City of London will not be far behind the Paris authorities, but will again consider the proposal of carrying out the practice in their cemetery at Ilford. As Sir Spencer Wells put it in one of his speeches, "The choice is between cremation or corruption, purification or putrefaction."

This expression conveys the whole truth of the matter. It has been said, and this objection is lurking too in the opposition to the St. Louis project, that offense may arise and a nuisance be created by cremation. The Pharmaceutical Record in its issue of December 15, says:

"The fact that the continued use of the process abroad, and that the more recent use at Lancaster, Pa., has raised no objection to its almost daily use, it would seem that it could not be regarded as a pollutor of the atmosphere.

Chemistry teaches us also that, with the exception of the inorganic matter which remains, the bulk of the material is organic matter which resolves itself mainly into four of the elemental gases, all of which form constituents of the atmosphere. The fact remained that incipient decay of the body previous to the process might pollute the atmosphere. Here again we have the evidence that the purifying power of the flames destroys such prutrescent matter, and the evidence is unquestionably maintained that no odor or products are produced which are in any way objectionable or harmful."

In this connection the Pharmaceutical Record publishes a true copy of a communication to Dr. M. L. Davis, of Lancaster, Pa., who, as executive officer of the society there, is doing untiring work to establish this reform. The document, whose careful perusal should be incumbent on all objectors, is as follows:

State Normal School,
Millersville, Pa., December 7, 1885.

Dr. M. L. Davis:.

Dear Sir:—I have completed the examination of the gaseous products recently obtained from the chimney of the Lancaster Crematorium, and will now report the results of my investigation.

The escaping products were tested at the crematorium for water and for gases readily soluble in water, and several bottles of these products were collected before the body was put in the retort as well as during the cremation.

Water, etc., were tested for by passing several gallons of the escaping products through U-condensation tubes surrounded by ice, and

then through distilled water. The estimated amount of water in the products escaping before the body was put in the retort was .0011 of a cubic inch to the gallon, while during the cremation it was .0044 of a cubic inch to the gallon.

The water through which the gases were passed, both that used before the body was put in the retort, and that used during the cremation, had a distinct acid reaction, quickly reddening blue litmus paper. I could not, however, detect any difference in the degree of acidity of the waters, and their reaction did not indicate that the gases which had passed through them were more acid than the gaseous products passing off from ordinary coal fires. The waters were found to contain traces of the mineral acids generally found in very small quantities in the products of the combustion of mineral coal. They gave no reaction for salts of ammonia, nor for sulphuretted hydrogen.

The gases collected for laboratory examination were tested especially for carbonic acid (CO_2), illuminating gas, oxygen (O), carbonic oxide (CO) and nitrogen (N). The method of examination employed was that generally followed in gas-analysis, namely, the absorption of the gases by liquid reagents. Carbonic acid was absorbed by potassium hydrate, illuminants by bromine, oxygen by phosphorus, and carbonic acid by cuprous chloride dissolved in hydrochloric acid.

The estimated amounts of the gases enumerated above are as follows, the value indicating the parts of a cubic inch to the gallon. The estimated water is also included in the table.

	H2O	CO2	Ill. gas.	O	CO	N
Before cremation.	.0011	.00080	.000	.0080	.0080	.016
During cremation.	.0044	00091	.012	.0085	.0017	.015

It will be seen by a comparison of these results that the gaseous products of ordinary coal combustion are modified to only an inconsiderable extent by matter passing through the walls of the cremation retort. Illuminating gas is a variable mixture of hydrogen, marsh gas, olefiant gas, and other gases, and is entirely harmless when produced in the small quantities indicated in the table, and so thoroughly distributed through the air. That so much free oxygen passes off with the escaping products is an indication of the thoroughness of the combustion, and the complete oxidation of the oxidizable products.

In conclusion I would say that not any of the many and various tests, either at the crematorium or in my laboratory, of the products under consideration indicated the presence of anything that would pollute the air. The burning of the body produced no noticeable difference in the gases escaping from the chimney. The volume of the chimney products did not seem to be increased by the burning of the body, and these products had precisely the same odor during cremation that they had before the body was put in the retort.

I might add that I also made a test of the temperature of the products issuing from the chimney, and found it to be about 300° F. This is surprisingly low considering the high temperature of the retort (2500° to 2800° F.), and indicates a most excellently designed furnace, utilizing as it does so large a percentage of the heat. About one-fourth of the heat of boiler furnaces goes up the chimney.

Yours respectfully,

THOS. R. BAKER.

CLINICAL GROUPING OF TUMORS.

Professor Luecke, of Strasburg, to whom we are indebted for a most comprehensive definition of that which is to be designated as a "tumor," frequently impressed his students with the necessity of grouping neoplasms not alone by their histological characters, but, from the surgical stand-point, into classes peculiar to certain regions. He often spoke of a regionary or topographical classification as of great service in the determination of a diagnosis.

In the New York Medical Journal we find a note taken from the American Journal of the Medical Sciences, to the same effect, as follows: Mr. Jonathan Hutchinson, of London, says that, in his opinion, the time has

arrived when it is both possible and desirable to make, for practical purposes, a much more detailed classification of tumors than has yet been attempted. Some grouping of the kind is needed, both for purposes of prognosis, and in order that we may lay down rules for treatment. Such grouping must be accomplished chiefly by observation of external features of similarity, and of resemblance in general tendency. It is these conditions, rather than minute histological differences, which will be of chief assistance to the surgeon; or, perhaps, it may be convenient to have two classifications side by side, the one clinical the other histological, and let the two help each other at all points where mutual help is possible. Mr. Hutchinson does not attempt the ambitious task of presentiug an arrangement of new growths based upon their clinical features and like histories. He is, however, so convinced, both of its desirability and of its practicability in the future, that he ventures to offer a few hints and detached memoranda, which may possibly prove helpful toward its attainment at some future time.

Lanolin: A New Basis for Ointments. —The Medical News says: In the Berliner klin. Wochenschrift, No. 47, 1885, Liebreich describes, under the term "Lanolin," a new basis for salves, for which are claimed certain advanteges over the glycerine fats and mineral oils, such as vaseline. In the various keratin tissues—skin, hair, hoof and feathers —the fatty acids are united with cholesterin, forming a peculiar fat, to which the name lanolin is given, as it can be most readily prepared from wool. One of its most remarkable properties is the power of taking up an equal bulk of water, but the difficulty with which it decomposes, and the rapidity with which it is absorbed, are the qualities which make it specially valuable in comparison with the neutral glycerine fats and vaseline. The readiness with which lanolin is absorbed by the skin is explained by the fact that it is the natural fat of epidermic tissues. Rubbing the hands with a 5 per cent carbolic acid ointment made with it produces a sensation of numbness, without any irritation, in from one to two minutes, and a sublimate salve, 1:1000, will give the characteristic metallic taste a few minutes after inunction. The addition of 5 or 10 per cent of fat or glycerine to lanolin is recommended as giving a better consistence to the ointment.

Nutrient Suppositories.—A new method of rectal alimentation that has points to recommend a trial was spoken of by Mr. Godlee at a late meeting of the London Clinical Society. The patient was attended by Dr. Barlow with Mr. Godlee and suffered from typhlitis. The British Medical Journal reports as follows:

Mr. Godlee opened the abscess-cavity, and allowed a large quantity of the pus to escape. The patient eventually quite recovered, without any palpable evidence of the thick bands of inflammatory material which are so troublesome in many cases treated on expectant methods, and had since had no sign in any way of any trouble whatsoever about the cecum. Dr. Barlow, speaking of the dietetic treatment after the operation, remarked "that in this case it was especially desirable to keep the stomach and intestinal tract at absolute rest. For many days, therefore, the very minimum of food, namely, a little barley-water, was given by the stomach, and the patient was fed by the rectum. The thirst was found to be entirely removed by enemata of three-quarts of a pint of water, which were in all cases absorbed. With regard to rectal alimentation, it is often observed that after two or three days the rectum becomes intolerant of nutrient enemata. To avoid this result, food was given in the form of digestive suppositories. Of these, two very convenient forms were made by Mr. Gerrard, dispenser at University College Hospital. The first was made by diluting a good meat-extract with water, and peptonising it with Bullock's pepsin, neutralising, and then concentrating, to a soft paste. Cacao-butter was then added in fine shavings, and intimately mixed with one-third of its weight of the peptonised meat-extract, and rolled into cones weighing

100 grains. The second was made by peptonising milk with pancreatic solution, boiling and concentrating to a paste, mixing and dividing as in the first case. Peptonised milk being now sold in a concentrated form, it may be used instead of ordinary milk, which saves much time and trouble. The suppositories were certainly absorbed, and kept the patient going on for several days. One was introduced every three hours. His tongue became very dry, and after a time he was given some pieces of underdone chop, which he was allowed to chew and to swallow the juice derived therefrom, but not the fibre. Besides maintaining the nutrition fairly, the patient, who was rather an irritable, querulous subject, was satisfied and comfortable, and the advantage in keeping his abdomen quite quiescent was very great indeed." If other cases should confirm the favorable impression as to the advantages to be derived from this method of feeding, when contrasted with the failure which in a few days generally results from the attempt to sustain life by nutrient enemata, as the rectum generally soon becomes intolerant of them, there will doubtless be found a wide use for these suppositories in the very large class of cases in which the stomach requires to be kept at rest. Those who employ them may find, too, that the liquid which the system requires daily may be in some cases administered by the stomach; this would, one might suppose, tend still less to the disturbance of the lower bowel, and leave it still more at rest to digest and absorb the suppositories alone.

Regeneration of Tendons.—The Paris correspondent of the British Medical Journal reports: MM. Fargin and Assaki, with the view of ascertaining the best surgical method for obtaining regeneration of tendons when they are shortened by wounds or in operations, tested upon animals the method which Gluck had applied to human subjects. He joined together, by a bridge of cat-gut threads, the two extremities of a cut tendon. MM. Fargin and Assaki excised a portion of a rabbit's tendo Achillis, and filled up the hiatus with catgut threads, rigorously observing all antiseptic methods necessary to insure reunion by first intention. After the operation the animal slightly dragged the paw operated on; it was killed on the forty-ninth day. On examination it was observed that the catgut threads were replaced by a fibrous production, and its structure closely resembled that of a tendon, without being identically the same. Another animal was operated on in the same way, and was killed one hundred days subsequently; it was then observed that the newly formed tendon was more fully developed than the one in the preceeding experiment. Encouraged by the success, these authors made further experiments. They substituted portions of tendon for the catgut. In one series of experiments, the tendons used for grafting were taken from an animal of the same species as the one operated on; in another series from animals of a different species. They grafted on a rabbit from the tendons of a sheep, of a dog, duck, fowl, and turkey, and vice versâ. They observed that reunion by first intention took place rapidly, notwithstanding the difference in the zoological rank of the animals. These results evidently warrant surgeons adopting the method of animal-grafting. When reunion by first intention was impossible, and the loss of tendon-substance must be replaced by a substitute, the chance of success will be greater if the tendon used for grafting be chosen from an animal which is nearest in zoological order to man. Rigorous antiseptics are indispensable.

Infantile Cerebral Hemiplegia. — In Gaillard's Medical Journal for December, is contained the following original abstract from the London Medical Times:

Paralysis in children is much more commonly of cerebral origin than the amount of attention paid to it in the text-books would lead the student to suppose. But little is known as to the etiology of this complaint. The cases in which any infectious disease preceded the onset have already been excluded. In a few cases hereditary syphilis may have played a part, but in many instances there

has been no reason to suspect syphilis. Sometimes there is a clear history of a blow or fall on the head, but in a considerable number no cause can be assigned, the infant up to the time of the convulsive seizure having appeared to be in perfect health. So that in this respect much remains to be worked out. Nor is the pathology of the affection much better understood. The ultimate result—for many cases have been examined after the lapse of some time—is a condition of atrophy and sclerosis of the cortex in the motor area of the opposite side of the brain, spreading into the frontal region when mental symptoms have been prominent, and accompanied by thickening and adhesion of pia mater over the affected area. But what the changes are which lead to this final result is still matter of speculation, inasmuch as the chance of making a post mortem examination in the earliest stages is never obtained, or, if it be obtained, it is before the symptoms are sufficiently pronounced for the disease to be recognized. Tumor, which is perhaps the most common form of brain disease in children, may be set aside as negatived by the course of the symptoms. Hemorrhage may likewise be excluded as extremely improbable, apart from any hemorrhagic or scorbutic tendency. Embolism is more difficult to exclude, and it no doubt is frequently the cause in those cases coming on after one of the exanthemata; but there must always be a cause for embolism, and in the majority of cases this cause would be discoverable if it existed. Thrombosis is still more difficult to exclude, and has the sanction of a very recent and very great authority on nervous disorders; but then, again, thrombosis is hardly a primary condition. A very recent German writer has put forward the suggestion that the lesion primarily affects the larger multipolar cells in the motor area, corresponding to the lesion in infantile spinal paralysis, and proposes the name of polio-encephalitis; this view has received the approval of a well-known French neurologist, but the theory hardly accords with what is known as to the ultimate changes in the central nervous system in this disease. On the whole, it seems probable that a local simple meningitis may be the starting point, and that it may be followed, either as just stated, by thrombosis, or as has lately been suggested, by capillary hemorrhage into the meninges and brain substance owing to the violence of the convulsions.

Periosteal Sarcoma.—The notes of two cases of this character, operated upon by Trelat and published in Le Progres Médical—, are given in the Medical and Surgical Reporter:

1. An 18 year-old girl who had experienced six months before her entrance into the hospital, a lancinating pain in the right knee-joint. This occasionally returned. Later, it localized itself in the malleolus internus of the ankle joint. The skin in this region became red, and the joint began to swell. This soon reached the size of an egg, and was supposed by the physician to be an abscess. He made an incision, and only blood escaped. At the time of her entrance into the hospital a tumor began to show, pointing behind the external malleolus, pretty solid, and sharply defined, and appeared to surround both bones. The inguinal glands were unaffected. Amputation of the leg was decided upon and done. The wound did not heal through first intention.

The tumor, which was half soft, did not show any bone tissue on being cut through. The tumor had broken through the cortical substance of the tibia, and bulged into the medullary portion of the bone and into the ankle joint. The malleolus externus and the astragalus were also sarcomatous in their superficial parts. Microscopic examination showed the fact that the tumor was a periosteal spindle and giant-celled sarcoma.

2. A young man, æt 17, had nine months previously felt pain on the lower end of the left femur. Two months later a swelling appeared, and in four months he complained of pain in chewing. This developed the presence of a tumor which it was difficult to map out, but which was growing very rapidly in the left inferior maxillary region. This tu-

mor undoubtedly took its origin from the branch of the lower jaw. It began to ulcerate on the mucous surface, and formed granulations which were very rich in vessels, and easy to bleed.

The patient on his entrance into the hospital, was very anemic and cachectic, and had a distended swelling on the lower half of the left femur, which lay beneath the muscles. The tumor on the lower jaw became pretty diffuse in that region and had already reached the size of a plate. To remove the patient from the danger of death from threatening hemorrhage, Trelat made a resection of the left lower jaw. It was impossible to remove all the diseased tissue. That part of the tumor which remained above and below was treated with the thermo-cautery. The patient died three days after the operation, suffering from marked dyspnea. The right lung showed dullness. On the under jaw the tumor originated from the inner surface of the perios teum and extended into the medulla. The right lung in its middle and lower third was completely strewn with sarcomatous nodules; the upper third was changed into a soft pap. On the thigh bone, the primary situation of the tumor, the periosteum was also found to be the starting point. Below the epiphysial cartilage had formed a border to the tumor. Microscopic examination showed the tumor to be a fibro-sarcoma, with many round and few giant cells. In the tumor on the femur were found particles of bone. The metastasis in the lung consisted of round cells. The rapid extension and generalization of the tumor is noteworthy.

Toxic Action of Cocaine.—The dangers of cocaine in ophthalmology appear from the following notes taken by the Maryland Medical from the British Medical Journal: Dr. Ziem, of Danzig, has communicated to the Allgemeine medicinische Central Zeitung the notes of a case, in which he applied two drops of a four per cent solution of cocaine to the eye of a man, aged 40. In a few minutes, after the pupils had become dilated, the patient's face became pale, sweat broke out on the forehead, and his breathing became embarrassed. Dr. Ziem at once loosened his clothes and opened the window, but it was a quarter of an hour before he could return home. The man's wife said that he had not previously had syncope. He was of intemperate habits, and some years ago had been treated for disturbances of motor power in the lower limbs, apparently connected with syphilis. Dr. Ziem says that seventeen cases have been recorded in ophthalmological literature in which toxic effects followed the use of cocaine. In three it was injected hypodermically, and in fourteen dropped into the conjunctival sac. The cases have been described by Peck (1), Mayerhausen (1), Stevens (1), Reich (2), Knapp (3), Heuse (4) and Bellarminoff (5).

In some cases the symptoms have been transient, consisting of pallor of the face, giddiness, and sweating of the face or neck; in others there have been dyspnea, great feeling of prostration, malaise, and apathy, lasting sometimes for several days. Vomiting and headache have been rarely present. In one case, the application of fifteen drops of a two per cent solution to the conjunctiva was followed by tottering gait, difficulty of speech, confusion of the mind, and extraordinary restlessness; and, in another, the subconjunctival injection of about eight drops of a 3.5 per cent solution produced convulsions and loss of consciousness. The strength of the solution used was 4 per cent in eight cases, 2.5 per cent in four, and 2 per cent in three or four others. The quantity generally varied from two to four drops.

The subjects were, in some cases, feeble, aged women; in others, they were strong and healthy individuals, both male and female.—

Jejunostomy.—Mr. Golding-Bird, at a recent meeting of the Clinical Society of London, reported the following case, (Medical Press) (Louisville Medical News):

A man, aged 46, had had somptoms of pyloric obstruction for ten months. When admitted into Guy's Hotpital a tumor could be felt at the seat of the pylorus, and the

man's general condition was one of extreme emaciation through the inabilty to retain the food he took, and his voluntary abstaining from eating on account of the pain he suffered. After three weeks' treatment under Dr. Carrington of drugs and washing the stomach out, he passed into Mr. Golding-Bird's hands, and when all the risks had been explained to the patient, and all methods of palliation had failed to improve his condition, arrangements were made to explore the diseased parts, and remove them if expedient. Mr. Golding-Bird, therefore, on October 25, 1885, cut down on the pylorus with a view to performing pylorectomy, following the lines laid down by Billroth; but finding the tumor adherent to the liver, determined to go no further in the radical operation, but to convert it at once into a palliative one of opening the jejunum, in other words of performing jejunostomy. Having seized the jejunum two inches from the duodenum, it was held up on a pair of tongue forceps, while the wound in the parietes was united; to the lower or right end of this wound was the jejunum now stitched by interrupted sutures. The patient suffered in no way as the result of the operation. He was fed partly by rectum, partly by the mouth, until the third day, when the bowel was opened, and food administered solely through the fistula. It was observed that as long as the meat amounted to a pound, or nearly so, the patient, each time he was fed, had a severe attack of indigestion, but that this ceased when the meal did not exceed ten ounces. On this the author founded the suggestion that some cases of indigestion were due to the pylorus allowing too free passage of chyme, rather than to anything wrong with the gastric or pancreatic secretions. Everything went on perfectly well until the ninth day, the patient putting on flesh, but on that day, through an error in feeding him, some food passed into the peritoneum, and he died in twelve hours. The post-mortem showed such adhesion to, and infiltration of the liver, of the cancerous pylorus, that pylorectomy could not have been performed. Except the narrow track made by the probe, and along which the food passed into the peritoeum, the adhesions of bowel and parietes were perfect. The author then reviewed the operation of pylorectomy, speaking in favor of it in suitable cases, and the operation of gastro duodenostomy, as performed by Woelfler, and pointed out the great drawback in this operation, that the stomach is not relieved of its physiological duties at all, the pylorus not being required to act. For the operation of jejunostomy, as he termed the one that he detailed, he claimed that, while it possessed the same disadvantage as gastrostomy, in that the patient had to be fed through the fistula, it was otherwise the best palliative operation for pyloric cancer, inviting less risk than gastro-enterostotomy, and requiring less interference, in its performance, with the other vicera. By duodenal digestion, he also pointed out, full nourishment could be assured, and there was, for physical reasons, less chance of regurgitation of food than after gastrostomy; regurgitation in these cases being a serious drawback to that operation in esophageal constriction.

CONTRIBUTIONS.

ANTISEPTIC INHALATIONS BY MEANS OF PNEUMATIC DIFFERENTIATION CONTRASTED WITH INTRA-PULMONARY INJECTIONS.

BY ALFRED S. HOUGHTON, M. D., CHICAGO.

The possible etiological connection between the bacillus tuberculosis of Koch and pulmonary phthisis has naturally occasioned investigation into the possible efficiency of topical applications of germicidal remedies in the therapeutics of that disease.

The article in the REVIEW of December 5, on intra-pulmonary injections, by R. Shingleton Smith, M. D., F.R.C.P., B. Sc., from the British Medical Journal, attracted my attention mainly because of the barbaric crudity of the operation, considering that in this country there has been developed within the last few years a method of deep pulmonary medication, not only more efficient, but more simple and scientific than the blind injection

into the delicate pulmonary tissue of antiseptic and other agents for the destruction of the microscopical bacilli.

I refer to the Pneumatic Cabinet introduced to the medical profession by Dr. H. F. Williams in the Medical Record of January 17; demonstrated before the American Climatological Society in New York, May 27, Dr. William's paper being printed in the New York Medical Journal of October 3. Other articles on the subject are by Dr. V. Y. Bowditch, Boston Medical and Surgical Journal of July 16, reprinted in the Journal of the American Medical Association of August 1; Drs. Houghton and Jensen in the Journal of the American Medical Association, November 7; Dr. W. Everett Smith, same journal, November 14; and Dr. Tiegel, same journal, November 28; also editorial comments in the Journals of February 14 and November 7.

It may be well for the benefit of those of your readers who have not seen these articles to give a brief resumé of them so far as they touch upon the different adaptations of this apparatus to the introduction of medicated sprays and vapors into the pulmonary cavities not only of the bronchial system but also of the pulmonary system.

Hitherto the difficulty in all methods of inhalation has been that the existence of a large amount of residual air effectually barred the entrance into the bronchioles and air vesicles of any spray, vapor or gas, except by a slow and mechanical diffusion. The use of compressed air and the methods of Waldenburg and Hess were the first steps towards overcoming the action of the residual air; but, as will be shown further on, the compression of air robbed it of its vapor-carrying capacity. Hence, while the amount of tidal air was increased and the residual air diminished, the air thus inhaled was not capable of carrying medication, especially vapor, and depositing it, since the expansion of this compressed air on entering the lungs and upon meeting the higher temperature there, increased, instead of diminishing its vapor-carrying capacity,and then none was left behind.

Let us therefore turn to the articles already mentioned and see what facts they contain upon these points. Dr. Williams, in his first article, says on p. 5, after describing the cabinet, which I will do further on:

The great advantage is the fact that under given conditions of temperature, air at normal density affords its best vapor-carrying capacity. Antiseptic air thus administered must condense at the instant of increased pressure due to the active expiratory effort. Thus it will be seen that air charged to its utmost limit with remedial agents can be made to deposit its contents in cavities or other diseased portions of the lungs. The removal of the external pressure has, moreover, the beneficial effect of causing a corresponding expansion of air which may be imprisoned behind obstructions in the bronchi, thus serving to forcibly expel such substances. When there are evidences of lung collapse from infarctions, it is well to request the patient to take as full an inspiration as possible before the air about him is rarefied, maintaining himself in this act until sufficient vacuum is produced. The large quantity of air thus imprisoned becomes expanded, and may facilitate the expulsion of the offending foreign matter. This same expansion takes place in the Eustachian canals, and necessitates the advice to frequently swallow while the air is being removed, thus equalizing the air-pressure and relieving the tympani. When breathing the external air, should the patient become fatigued, communication with the external air can be cut off, and he can respire the air of the cabinet until treatment is resumed.

The practical results of Dr. Williams' pneumatic therapeutics and the "topical application of appropriate therapeutic remedial agents" can be inferred from the following table. Can the advocates of "Intrapulmonary Injections" show anything like it.

	Total Cases.	Recoveries.	Improvements.	Non-improvements.	Deaths.
Nervous cough	2	..	..	2	
Bronchitis	20	20			
Unresolved pneumonia	3	3			
Primary Infiltration	7	6	1		
Acute catarrhal phthisis	9	4	1	2	2
Chronic catarrhal phthisis	2	..	..	..	2
Chronic fibrous phthisis	9	..	8	1	
Chronic tubercular phthisis	5	..	..	..	5
Tubercular pleurisy	1	..	..	1	
Laryngeal phthisis	1	..	..	1	
Hemorrhagic phthisis	1	..	.	..	1
Abscess of lung	1	1			
Atrophy of lung	1	.	..	..	1
Total	62	34	10	7	11

My own experience is as follows:

	No. of Cases.	Recoveries.	Improvements.	No Improvement.	Result Unknown.	Deaths.
Chronic Bronchitis	5	1	1	1	2	
Asthmatic Bronchitis	2		1	1		
Asthma	1	1				
Acute Phthisis, first stage	9	4	4	1		
" " second stage	4		3	1	1	
" " third stage	5		1	1		2
Chronic Phthisis	7		2		3	2
Unresolved Pneumonia	1		1			
Total	34	6	13	5	6	4

While on this point I will quote the following case which demonstrates the whole point, page 13:

"Case IV. Mr. M——, aged twenty. The history and progress of this case show that eighteen months previous to my examination (November 23, 1883), he was sick with what his attendant called pneumonia. Surviving the acuteness of the attack, his condition was critical for several weeks. After a time profuse expectoration took place and slight improvement followed, nature doing her best, with little assistance from art. Patient has been raising half a pint daily for several months, coughing so violently that food is vomited.

Inspection shows general emaciation, swelling of right leg and ankle.

Palpation.—Right side, vocal fremitus normal; left, anteriorly weak, posteriorly absent.

Percussion.—Right side normal, except high-pitched note in mammary region; left, absolute dulness, with exception of slight vesicular resonance in sub-clavicular and supra-scapular regions.

Auscultation.—Right side, puerile respiration posteriorly and anteriorly, with the exception of inner mammary region, which presents the following—the heart is tilted over so that the intensity of its apex-beat is at a point one-half inch below right nipple; apex-beat is diffused, but the general displacement is from five to six inches. The left lung shows a vesicular element in the sub-clavicular space; the respiration becomes bronchial in the mammary and upper axillary and superior scapular region; there are no respiratory sounds below these points.

Diagnosis.—Necrosis of left lung, caused by pressure of pleuritic fluid; enormous thickening of left pleura with complete obliteration of lower pleural cavity of this side; large pus-cavity connecting with bronchus, and displacing heart.

The day following examination I inserted the aspirating needle over the point of greatest dulness, puncturing the chest to the depth of four inches. High vacuum was connected with the needle, but no pus followed. After some deliberation, on account of the malposition of the heart, it was decided to try the influence of the differential air-pressure, and on December 3, 1883, the first trial was made. He respired against two-tenths of an inch fall of the barometer for eight minutes, inhaling a one to one-thousand solution mercuric bichloride.

With few exceptions, daily applications were made, and, at the fourteenth, seven-tenths pressure was reached. The patient began to show improvement and appetite. Cough was still severe, expectoration increased. From the twenty-ninth to the thirty-ninth treatment he complained of pain in the left mammary region while breathing in cabinet. At this time a peculiar sound of air and fluid could be detected in the sub-cellular tissue in the left superior mammary region. This became so marked that in his forty-second treatment air was compressed about him in the cabinet, and he was allowed to breathe into the normal atmosphere, an act analogous to breathing into partial vacuum. This was subsequently repeated by producing rarefaction in the empty cabinet, and requesting him to breathe from the outside into this partial vacuum.

The swelling increased in spite of these endeavors, and became so urgent that a paracentesis was done on the evening of February 29. A crescentic incision was made in the most dependent portion of the swelling in the third intercostal space, over the normal position of the heart. A large escape of air and about four ounces of pus followed. An antiseptic pad was applied. The wound was treated antiseptically until March 11th, when the treatment in the cabinet was resumed. A wet starched bandage was placed over the fistula, and a three per cent solution of iodine was used in the spray. When breathing was fully established the characteristic reaction of iodine upon the starch was demonstrated. Pus collected from the fistula eight hours after an inhalation of the mercuric bichloride gave the mercuric reaction on copper plate. This opportunity to practically demonstrate the the-

ories advanced earlier in this paper was as welcome as its result was absolute.[1]

From this time rapid improvement followed. The chloride and iodine separately were the agents sprayed. He continued with the hypophosphites, using one bottle after beginning treatment. He was discharged cured on May 1st, weighing one hundred and thirty-six and a half pounds, a gain of sixteen and a half pounds in less than two months, having taken twenty-four applications."

Before the Climatological Society Dr. Armor of Brooklyn, since deceased, said: "That he had been interested in the treatment and views of Dr. Williams, and had kept under observation some patients so treated. He thought the matter could be stated in a few propositions, some of which might have to be considered hereafter: First, the benefit of the expansion of the lungs by the apparatus without reference to the local medication. Second, the question as to whether antiseptics and other agents could be introduced more deeply into the lung substance by this means than by any other device which had been proposed. Third, the practical result, which was to be tested by clinical observation. He was aware that an instrument of this kind should be in the hands of careful observers, who were capable of diagnosticating their cases and of appreciating the results. It might be a dangerous instrument in the hands of others. He thought it should be most carefully guarded by most careful men. One case had recently come under his observation in which he had been very much interested. He carefully examined the young man before he was submitted to treatment. When he came to Dr. Williams' office he was so weak and emaciated that he had to ride in a carriage. It looked to him like a very unpromising case. He had had a few weeks before an attack of pneumonia, probably on the right side. Dr. Armor found the patient, as stated, very much emaciated, feeble, rapid pulse, feeble expansion of the lung on the right side; below the scapula were marked dulness, entire absence of respiratory murmur, and above râles. It looked like a case of unresolved pneumonia. On submitting the patient to a treatment, the lips looked redder and a good deal of expansion of the lungs took place. He did not see the young man again for a month. Dr. Williams told him that after a few days' treatment there began to be moist râles in the lower portion of the right lung and quite free expectoration. Dr. Armor found at his last examination still slight dulness below the scapula over the region referred to, but much less than formerly; there was respiratory murmur all over that portion of the lung, but a little feebler than on the other side; there were no moist râles. The symptoms had entirely abated; there was an absence of fever, the general appearance was good, the appetite good; he had gained about a pound a week, and had walked a distance of two miles to his office. There was certainly a very remarkable improvement in the condition of the lung, whether it was due to constitutional treatment or to the instrument. He had had thirty-one treatments. In a letter to him, Dr. Bowditch, of Boston, had said it was his impression that this treatment would mark a new era in the management of the pulmonary affections."

In discussing this matter I said in the Journal of the American Medical Association: "The following are the solutions that I have found useful, the last four being prepared expressly for Semple's Atomizing Inhaler by Parke, Davis & Co. The vehicle consists of fluid cosmoline, and in combination with various oils and balsams, the spray being more like a smoke.

SOLUTION No. 1.

℞	Sol. Lugol, - - -	ʒss.
	Glycerine, - - - -	℥iii.
	Aquæ ad - - -	℥x.
	M.	

1. There is no doubt that agents thus administered are carried to the ultimate alveoli. Cinchonism has been produced by inhaling quinine; mydriasis by inhaling a solution of atropia. In using the mercuric solutions we found it necessary to restrict their use. In one case after three treatments specific symptoms appeared. An experiment upon a full grown rabbit was made as follows: Tracheotomy was done without the use of an anesthetic. A canula of one-tenth inch inside diameter was introduced and tied; to this a rubber tube one-fifth inch in diameter and eight inches in length, was made to connect with the outside of the cabinet. An assistant held the rabbit in position, and a mixture of China ink and water was sprayed into the tube. The point at which the animal's ability to expire against the normal atmosphere was reached at seven-tenths of an inch; artificial respiration was resorted to, and the rarefaction was increased to nine-tenths of an inch. This was maintained for ten minutes. The spray was shut off, tube disengaged, and the rabbit allowed to run about the floor for ten minutes, which it did with no apparent discomfort. Its spinal cord was now ruptured and the lungs immediately removed. Macroscopic examination shows pigmentation, more marked at base of lungs, yet deep discoloration is seen at different points in the subpleural spaces on the periphery. Microscopic observation of fresh sections cut transversely from without inward from all parts of the lungs, shows abundant pigmentation in the ultimate alveoli. China ink was selected because of its utter insolubility, fineness of its particles, and the length of time which it will remain in suspension.

No 2.

℞ Hydrarg. chl. cor., - - gr. iv.
Ammon. chl., - - - gr. x.
Glycerine, - - - ℥ii.
Aquæ ad - - - ℥viii.
M.

No. 3.

℞ Ammon. chl., - - - ℥ii.
Glycerine, - - - ℥iss.
Aquæ ad - - - - ℥iv.
M.

No. 4.

℞ Calc. hypophos., - - ℥i.
Glycerine, - - - - ℥i.
Aquæ ad, - - - ℥iii.
M.

No. 5.

℞ Sol. Lugol, - - 20 per cent.
Sol. acid carbol, - - 1 "
Ext. Hammamelis, - aa ℥i.
M.

No. 6.

℞ Ol. picis liq., - - - ʒss.
Fl. cosmoline, - - - ℥i.
M.

No. 7.

℞ Ol. eucalypti, - - - ʒi.
Fluid cosmoline, - - - ℥i.
M.

No. 14.

℞ Acid carbol., - - - gr. x.
Fluid cosmoline, - - - ℥i.
M.

No. 15.

℞ Tinc. benz. comp., - - ℥i.
Fluid cosmoline. - - ℥ii.
M.

These last should always be diluted with cosmoline. So far as the medication is concerned, we have in the cabinet a means by which agents can be more easily, thoroughly, and deeply introduced than by other means, as is evident from the following facts:

Volumetric tests have shown us that by the use of the cabinet the amount of air inspired during each inspiration is increased from 50 to 100 per cent over the amount inspired during normal tranquil respiration. This air is saturated with the medicament, as already explained. Repeated and exact hygrometric and manometric tests have shown that if air is thus (unconsciously to the patient) introduced at a pressure of five-tenths of an inch, the effort to expel the same, or the expiratory movement, as well as the friction and inertia of the air passages, is equal to five inches, or an increase of 950 per cent, or a corresponding diminution of moisture in the air inhaled; against this, however, we have to consider the increase in moisture-carrying capacity due to higher temperature in the lungs; taking this into consideration, we have between the inspiratory and expiratory movements a reduction in vapor-carrying capacity and a consequent condensation of vapor at the farthest point reached by the inspired air, and as our volumetric measurement has shown that the entire air capacity of the lungs is occupied, the entire aerating surface must be bathed with the condensate; numerous experiments have shown this to amount to about twelve per cent of the medicament used. Thus it will be seen that the effect of differentiation alone is not by any means the only beneficial action of the cabinet."

Dr. Jensen said (same journal) in referring to a case treated by me: "The respiratory murmur still partook of the bronchial character, and the temperature would not go below 99.5°, except in the morning, when it was always subnormal. Thinking that if we could clean out his lungs and free them from the accumulation of pathological exudates, he would soon recover, my attention was directed to the pneumatic cabinet. Dr. Houghton thought the case one which would be benefited by the cabinet. He examined the patient in my presence, but could not then, nor could I detect any cavity at this time. But Dr. Houghton agreed with me in the diagnosis: first stage of acute phthisis, with intervesicular deposit.

The spray, which was used by inhalation in the cabinet, consisted of one part corrosive sublimate and a small quantity of ammonium muriate to 500 parts of water. The improvement in the patient from that time on was astonishing. The patient states that the metallic taste peculiar to mercuric chloride spray was perceptible all day, and that the taste was distinctly imparted to the sputa. This seems to me fair evidence that the spray must have penetrated the minute ramifications of the bronchioles and air vesicles. This brings me up to Dr. Houghton's notes (see previous article, p. 509)."

The editorial comments contained the following:

"The cabinet possesses decided merits, as will be seen by the perusal of Dr. Williams' reports In our comments last February we took the view that it is practically the same in its effects as the administration of compressed air, and from further reflection, as well as personal investigation of the cabinet, we see no reason to change our opinion: However, there is one respect in which the "Differentiator" is certainly superior to all portable air condensing machines: This is the facility and thoroughness with which medicaments can be carried into the lungs. Were this the sole merit of the cabinet, it would

be of value, but since it promotes a better expansion of the chest in individuals of superficial respiration, it thus constitutes a powerful means for the prophylaxis of tuberculosis. Yet this is not all; as shown by the report of cases by Drs. Williams and Houghton, the use of the cabinet confers permanent benefit in non tubercular, catarrhal conditions of the bronchial mucous membranes, as well as in atelectasis and compression of the lungs."

Now a brief description of the cabinet by Dr. W. E. Smith:

"The cabinet is practically an air-tight iron safe about seven feet high, two feet wide and two and a half feet deep; large enough, in fact, for a patient to stand or sit in. In the rear is a heavy door fitted with bolts, but ingeniously opened and closed by a single turn of the hand. In front is a large plate glass window, through which passes a gutta percha tube having a stop-cock on the outside, and ending in a trumpet shape for receiving the medicated spray. The tube within the cabinet is fitted to a flexible rubber mouthpiece for the patient. The patient enters the cabinet and seats himself opposite the window. The door is closed and the air is rarefied by an air pump to the desired degree as represented by the fall of mercury in a barometer connected with the inside of the cabinet. The degree of rarefaction is usually that represented by a barometric fall of from one-tenth of an inch to an inch and a half, each tenth of an inch being equivalent to an altitude of 100 feet as regards the removal of external pressure from the chest walls. The patient now inserts the inhaling tube in his mouth and compresses the nostrils with the fingers to prevent the escape of air through the nose; the stop-cock is opened and the outside air rushes in, carrying with it the medicated spray, which is atomized by a powerful cylinder of compressed air. The effect is a forced involuntary inspiration followed by a forced voluntary expiration. These respiratory movements are continued for several minutes, but upon the least fatigue the stop-cock is closed, the patient removes the tube from the mouth, and breathes the rarefied air of the cabinet until ready for another application. The treatment varies in duration from ten to thirty minutes, and is repeated either daily or at intervals of two or three days, the number of applications varying, the greatest number being 105—a case of acute catarrhal phthisis in Dr. Williams' practice, which recovered."

To the foregoing description may be added the following:

"We exhaust a small portion of the air about him, causing a deep, easy and pleasant inhalation, filling every part of the lungs with air or spray, producing a stronger and more regular circulation, bringing the blood into complete relation with the oxygen of the air, and introducing the medication in every recess with ease; we have now simply aided the patient to take a deeper breath than he otherwise could. We can then either produce a compression of the air about the body, compelling an evacuation of the lungs, and repeat the former movement, or we can continue the rarefied condition and let the patient expel the air by his own efforts. In this way we produce the same effect upon the lungs that a dumb-bell does upon the muscles of the arm, for the effort is to exhale and not to inhale. We thus have such complete control over the movements of respiration, that we can increase or diminish the force, frequency and depth of each breath at our pleasure, and without the slightest effort or discomfort on the part of the patient. For it is by this method of alternately increasing and diminishing the intra-cabinet pressure that we obtain the deep medication, the alternation being synchronous with expiration and inspiration. The following table explains itself:

APPROXIMATE EQUIVALENTS OF FALL OF BAROMETRIC COLUMN IN TENTHS OF INCHES.

Fall of Barometer.....	.1	.2	.3	.4	.5	.6	.7	.8	.9	1.
Equivalent in parts of atmosphere.....	1-300	1-150	1-100	1-75	1-60	1-50	7-300	2-75	3-100	1-30
Equivalent in pressure per square inch.....	.05	.1	.15	.2	.25	.3	.35	.4	.45	.5
Equivalent in altitude in feet	100	200	300	400	500	600	700	800	900	1000
Equivalent in inhaling pressure (lbs.)*.....	10	20	30	40	50	60	70	80	90	100
Equivalent in energy developed in expiration (lbs.)	10	20	30	40	50	60	70	80	90	100

*This is calculated on superficial area presented by a ten inch square front and rear.

There remains now very little to say in conclusion, for any one can see that contrasted with this method of deep pulmonary medication the operation of puncturing the chest with a trocar, and the injection into the pulmonary structure hap-hazardly of iodized solutions or any other "mortifying fluid," becomes not only unnecessary and dangerous, but even barbarous and unpardonable.

CENTRAL MUSIC HALL.

PHYSIOLOGY AS APPLIED TO FORENSIC MEDICINE.

BY A. WETMORE, M. D.

Read before the Southern Illinois Medical Association at Coulterville, Nov. 20, 1885.

MR. PRESIDENT AND GENTLEMEN OF THE ASSOCIATION: Few physicians of ten years' practice, but have been called into "court" to testify as experts, on questions that turn upon scientific knowledge.

A man in the neighborhood is wounded unto death, killed outright! No eye but that closed to earthly things, and his who did the act, saw it done! How is justice to be administered, society protected?

The nearest "cross road's doctor," is perhaps called upon by the Coroner or Justice of the Peace, to make a post-mortem. Brethren of the association! What a moment of deep, intense satisfaction, to the qualified physician! Moved by the grand opportunity to place his profession upon the high throne in social estimation it so richly deserves, he eagerly answers the call. By means of his profound knowledge of anatomy, he traces the course of the missile though the tissues to the point where the power that moved it was finally spent, uncovers it or is able to characterize it. By means of physics he is enabled to determine the route and distance traversed by the deadly "messenger," and measure the "force" which set it in motion. Physiology makes apparent the manner of death.

I desire to offer to the society two, to me, notable cases, in which—as the neighborhood physician—I made the post-mortem and became a witness.

A young man of our county, of excellent character and amiable disposition, took the position of teacher in one of our country schools. He was tall and reasonably stout, although some years previous to teaching, he had suffered from rheumatism. A strongly built boy of eighteen of stature below medium, —violated some rule of the school, for which the teacher gave him a slap with the open hand, whereupon the boy arose and began a struggle with the teacher, who eventually ejected him from the building, closed the door, walked to the stove, fifteen feet from the door, stooped and picked up a shovel, returned to the door, remained out about a minute, came back, walked to his desk, thirty feet from the door, took a seat, told two of the older pupils to go for the directors, the others to go home, that he was cut and bleeding to death! One of the directors lived but a short distance from the school, and was soon there, finding him dead in his chair.

This was the evidence of the children.

At the "post-mortem," I found a cut three inches long in the skin, the lower extremity of skin cut obliquely in reference to skin diameter, the "ear" being internal, the upper extremity also oblique, the "ear" external. The lower extremity of cut was one inch to right of sternum, the upper extremity of cut two and one half inches from sternum; in depth it ranged upwards dividing the costal cartilages of fifth and sixth ribs, making an opening into the pericardium one inch long, and entering the right ventricle at about its middle, cutting across the fibres, the hole readily admitting the index finger to the cavity of the ventircle.

The Coroner remarked to me, after the examination, "that he did not see what use there was for getting a doctor to tell them what they were already aware of," to wit: "that the man had died from the stab!"

While I was not gifted with sufficient powers of repartee to make a suitable reply to the rude remark, the sequel proved how important that post-mortem was in its legal aspect when its full physical and physiological significance were made apparent.

A large array of eminent counsel was engaged on both sides, among whom for the defence may be named Col. Josh Allen, of Southern Illinois, and W. Ferman and J. Watts, of Nashville, Ill.

After the evidence, which is detailed at the beginning of this paper, I was placed upon the stand, and I cannot better place before this association what was developed, than by giving question and answer as they occurred in the cross-examination.

Q. Was this wound, just described, necessarily fatal?

Ans. It was.

Q. Are not some bold French surgeons now proposing to, or operating on the human heart?

Ans. There are some operations suggested—even performed.

Q. Have not animals been wounded in the heart and survived, to die of something else?

Ans. There are cases on record of old scars found in the fleshy part of the heart, indicating wounds that had healed.

Q. Could this wound have been healed?

Ans. By no possibility.

Q. Why not? State fully.

Ans. The subject of such a wound would quickly die from loss of blood, as one of the cavities of the heart had been entered, and the muscular fibres of its wall were cut across, thereby causing each contraction of the heart to draw apart the lips of the wound, making a hole as large as my first finger, through which most of the blood entering this cavity would be forced.

Q. This man died from loss of blood, did he?

Ans. Without doubt.

Q. What is the average amount of blood in the human body?

Ans. Physiologists differ some in their estimates, but it bears the proportion of about one-fifth the weight of the body.

Q. About what was this teacher's weight?

Ans. My answer to this question can be only a guess.

Q. That is all I want, doctor.

Ans. Well, from 130 to 140 pounds.

Q. Say 140 pounds; how much blood would that give him?

Ans. About 28 pounds.

Q. Now, doctor, with the wound he had in his heart, how fast did he lose of that 28 pounds? Take your time, doctor, to think, and answer fully.

Ans. This is a thought presented to my mind for the first time, and I must ask a moment's time for reflection. I will calculate aloud: The pulse beats from sixty-six to seventy-six times to the minute in health, when free from excitement. This man must have been excited. We will, therefore, estimate the number of beats at eighty-five to the minute; these eighty-five beats represent eighty-five contractions of the heart, which, therefore, would have emptied that cut ventricle at the rate of eighty-five times to the minute. Now, in my judgment there being the least resistence to the exit of the blood at the wound, most of the blood that entered the ventricle passed out of the wound. Now the ventricle has a capacity of about two ounces; deduct then, say, thirty-two ounces per minute which would probably pass into the normal exit of the ventricle, pulmonary artery, thus we would have eighty-five times two ounces equal 170 ounces, minus thirty-two ounces equal 138 ounces, equal to eight pounds, ten ounces, or one gallon, ten ounces, nearly a third of all the blood in the body, being the rate of loss to the minute.

Q. How long could a human being lose blood, at that rate, and retain the upright position?

Ans. That is a difficult question to answer, in the absence of any recorded experiments or observation within my knowledge.

Q. What are the earliest indications of excessive loss in a person standing upright?

Ans. General pallor of face, blanching of the lips and syncope, commonly called fainting.

Q. Explain the effect of this kind of wound on the circulation of the blood.

Ans. I am not sure that I can make myself clear to the jury, but will try. I will not say anything about the heart, gentlemen, but if you will try to imagine a tube which makes a circle, and then another smaller and shorter tube whose two ends open into this circular tube at two points, say one-sixth of the circumference of the great circle apart, the two tubes, supposing they had a fluid moving in them, would represent in a rude way, the two circulations of the blood, systemic and pulmonary. Now if you were to cut the greater tube between the two points where the smaller joins the greater, the fluid would waste rapidly from the large tube, and the circulation would only go on feebly through the smaller tube for a time, and from lack of fluid to flow through it must soon stop. Now, a considerable amount of blood, and sometimes a small amount, suddenly withdrawn from the circulation so affects other important parts of our body that we may faint or die, and yet have much blood left in the body. A wound such as I have described to you as having been found in this man's heart, would bear something of such relation to the cut tube.

Q. Doctor, explain that condition called fainting; in other words, what makes a man faint?

Ans. A variety of injuries or emotions will make one faint, the literal meaning of the word syncope is "I fall down." A failure in the heart's action will cause fainting; excessive bleeding causes it by withdrawing from the great cerebro-spinal centre the necessary fluid blood which stimulates it to active command over the muscular system, thereby giving us power to preserve the erect position.

Q. Would the loss of two pounds of blood in a person of this teacher's weight—standing upright—cause him to faint?

Ans. I feel quite certain that it would.

Q. Two pounds then—according to your calculation—would be lost in what space of time from such a wound?

Ans. In about fourteen seconds, less than one-fourth of a minute.

Q. Now do you think that this man could after receiving the wound in the heart, struggle with the boy over thirty feet of space in the school room, put the boy out, shut the door, walk to the stove, stoop, pick up a shovel, go back to the door, out of the building, twenty-seven feet away from it, remain there one minute, some pupils say two, return to the school, pass up to his desk, take a seat, say what he did, and never totter, stagger or fall down?

Ans. I do not.

Q. You observed the character of that wound. Examine this knife and tell me whether, in your judgment, it could produce such a wound?

Ans. By using great force I think it might.

Q. You studied closely the wound from the skin to where it terminated. Now, in your judgment, how was that knife used, and what were the relative positions of the parties engaged in this struggle?

Ans. If both men were standing or moving, the back of the person using the knife must have been to the face of the one wounded, and the stroke made backwards, upwards and to the left; I cannot conceive of its having been delivered any other way, if both parties were standing upright.

It will readily be seen that the defence were trusting their whole case upon the points, time and manner in which the wound was made.

Case II.—A man living in our county caught another, "in flagrante delicto" with his wife, and shot both dead, his wife, as he claimed, accidentally. No one else saw the shooting. No post mortem was held for several weeks, when the dead man was resurrected, and our worthy president, in conjunction with two other physicians, held a post mortem. Three wounds were found, one shattering the atlas and cutting the spinal cord, the other two entering the thorax.

One of the physicians testified, that the wound involving the spinal cord was the first given, and that the other two were fired into the body after death, assigning as his reason for so stating, that there was an abundance of extravasated blood in the immediate course of the ball cutting the cord, and none at all in the route of the other wounds.

When cross-examined by the lawyer for the defence, he made the statement that with such a wound as he found of the spinal cord, death would immediately supervene, and no subsequent gun-shot wounds in such a subject, no matter in how short a time they might follow, would cause blood to be extravasated along their course, declaring that he had amputated limbs, and as soon as they were severed from the body, had plunged his catlin into them in a number of places without causing a drop to flow or extravasate from the cut tissues.

Our president and the other physician stated: That having been called upon to examine for a wound back of the neck, and that having been found and its fatal character established, they felt that their duty was complete; and as the subject was far advanced in decomposition they paid little heed to the other wounds, and could not say whether there was extravasation along their course or not.

I was placed upon the stand as an expert, and asked:

Q. Suppose the wound you have heard described as located at the back of the neck were given first and the two others were made immediately afterwards, say a minute or two, would there be extravasated blood along their course?

Ans. If the interval was only a minute or two I think there would. I never saw an experiment of that kind made, nor am I aware of any authority directly bearing on the subject; but physiology teaches us that there is always an interval between "somatic" and "molecular" death, and that the capillary blood vessels have a distinct activity of their own, which would cause them to empty themselves, when divided. There may, perhaps, be an exception to this in death from electricity, or a sudden crushing of the medulla and brain.

Since the above trial, desiring to test the question fully, I took a full grown cat, tied it, that my aim might be the more certain, and fired a ball into the back of the neck; waited till the motion of the animal had ceased—one and a half minutes—fired a second shot into the body, waited forty seconds and fired the third shot, put the body aside and made the dissection next morning. The first shot shattered atlas and skull, cut the cord and lacerated medulla; the second entered the abdomen, and the third passed through the thigh; all of them showed extensive ecchymosis in their whole course, but the greatest extravasation was in the neighborhood of the first wound. It will thus be seen, that while there was a difference it was merely one of

degree, to be accounted for by the greater number of vessels in proximity to the first wound than the subsequent ones.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

Stated meeting held Saturday, December 26th, 1885, the President, Dr. Atwood in the chair.

SYPHILIS IS A CONSTITUTIONAL DISEASE FROM ITS INCEPTION,

was the title of a paper read by Dr. A. H. OHMANN-DUMESNIL.

The writer spoke of the local theory of syphilis based upon its bacillar origin. Here it was argued that the bacilli form a nidus at the point of entrance, there attain their maturity, and then are transferred further on by means of the lymphatics, until the whole economy is infected. Lustgarten had created quite a degree of enthusiasm when he announced the discovery and method of differentiating the bacillus of syphilis, but this had been somewhat dampened by the fact that Alvarez and Tavel had found the same bacilli in the normal secretions about the anus and genitalia. Leaving the bacillar theory aside it has been argued that early excision of the chancre will avert constitutional infection. This opens up a number of questions. When is it not too late to excise the chancre? By what means is syphilis disseminated through the system? Is the chancre still a local manifestation at the time of its induration? In answer to the first cases were cited where early excision proved fruitless; notably, one of Keyes', excised before it was six hours old, Berkeley Hill's case where a tear in the frenum was thoroughly cauterized twelve hours after intercourse, with no effect, and Lelvir's case, twelve hours after its appearance. Excision was too late in all these, and it would seem impossible to find more favorable conditions for the operation. Barthélemy, Zeissl and Delpech regard the operation as fruitless. As to the channel by which the disease is disseminated, it is not purely and solely by the lymphatic system. Were this the case the method proposed by Dr. O. H. P. Leuf, of excising the chancre, lymphatic ganglia and vessels, would be an excellent one. The different periods of incubation and their regularity, together with the fact that internal medication at certain periods merely retards certain outbreaks would seem to indicate that the infection is general. The fact that autoinoculation has been successful, as detailed by Dr. Pontappidan is not conclusive, as merely sclerosis of the skin was produced, the neighboring lymphatic ganglia not being affected. Besides, the fact that pus was used vitiates the value of the experiments somewhat. Nearly all the observations that have been made point to the one fact that syphilis is constitutional as soon as the chancre appears. To show that the virus has been at work before its appearance, it is only necessary to bear in mind the fact that, frequently, during the primary period of incubation, patients will be affected with cephalalgia, "rheumatism," anemia, melancholia, etc. So that we may regard syphilis as constitutional ab initio, recognizing as the beginning of the trouble that time at which it can be recognized, viz., upon the appearance of the chancre.

DR. HURT noted some years ago that French physicians claimed that when the system was syphilized, it could not be inoculated with the syphilitic virus any longer. At the same time, a Danish physician, Boeck, published his success in the cure of syphilis, by inoculation. He never could reconcile the two.

DR. GREEN thought that to inoculate again and again was adding fuel to the fire. We know nothing before the chancre appears and then it is too late to excise it.

DR. BLOUNT had two cases which contracted syphilis from the same woman on the same night. One came to see him about a week later with a chancre having a hardened base, like a split pea. He insisted on having it cauterized, which was done with nitric acid. The sore healed and nothing had followed fifteen months later. The other man had all the symptoms of syphilis, the eruption being well marked.

DR. ATWOOD remarked that if the chancre appeared a week after intercourse, it was not syphilis.

DR. GREEN suggested that the woman probably had a "mixed" chancre.

DR. JOHNSTON had seen syphilis follow a soft chancre. Then he saw chancres presenting the same appearance, as far as he could judge, and he cauterized them and no syphilis followed. He had also seen a hard chancre appear within forty-eight hours. He thought the whole thing depends upon the idiosyncrasy of the individual.

DR. GREEN said that there was a great difference between a hard and a soft chancre, one was constitutional and the other local. He did not deny that Dr. Johnston saw syphilis follow a soft chancre; but here there

was a combination of the two diseases and the latter was not observed or recognized until the secondary symptoms appeared.

Dr. Hughes believed, from personal observation, that syphilis is both a curable and an incurable disease. The curability depends upon the character of the changes which have taken place at the time the patient is seen. There are, for instance, gummatous deposits which are removable, and there are changes in the organic composition of tissues which are permanent. This is more particularly shown in what Gowers calls abneural changes, engrafted upon the nervous tissues and exerting their damaging influence rather by the pressure they exert than by reason of changes in the organic structure of the nerve cells or fibres. Syphilis is protean in the changes it produces. The sclerotic changes simulate true sclerosis so much that we cannot tell the difference without a history, and especially in that gravest and most hopeless of all forms of mental aberration—general paresis. In the early forms of that disease our only hope is that the patient may have had constitutional syphilis in its curable form. And yet, general paresis, whether caused by syphilis, alcoholism or something else passes into a hopeless period on account of the irreparable changes which take place. The speaker said that he would never wait for the general symptoms of syphilis to appear before treating it.

Dr. Bremer thought syphilis curable and that it can be eradicated. Of course, the higher the tissue attacked, the more difficult is its regeneration. We know that syphilis is curable from the fact of re-inoculations. This second attack must be differentiated from the hard chancre which may appear on a person still under the influence of syphilis, which latter is not followed by secondary symptoms. As to the curability of syphilitic troubles of the nervous system, he agreed with Dr. Hughes. Syphilis is not the only disease that leaves a stain upon the organism, but all infectious diseases do so, although not as frequently. Typhoid fever, scarlatina, etc., often leave permanent lesions.

Dr. Johnston said that Parker states that the blood in tertiary syphilis is sufficiently contaminated to transmit the disease.

Dr. Bremer did not dispute the fact that there had been a case of tertiary syphilis that communicated the disease. We cannot tell where the secondary ends and the tertiary begins. The rule is, the older the syphilis the more localized it is. But tertiary lesions may be among the early symptoms.

Ovariotomy—Successful Case.

Dr. Eustathius Chancellor was called to Edwardsville, Illinois, December 17, to assist Dr. Borck. The patient had a cystic tumor of the broad ligament. There was general anasarca, and she had not slept for three weeks. Inappetence also existed. Upon opening the abdomen some water ran out. Three large cysts of the broad ligament were cut into and a large number of smaller ones scraped. The next day the patient slept. T. 98.7°, P. 96, R. 22. No vomiting; beef tea and gruel given. She passed her water; no action of the bowels. The abdomen was syringed but there was no blood.

December 19. T. 98.7°, P. 96; no dropsy.

December 21. Stitches removed. Bowels opened and all the symptoms normal.

December 25. Patient desired to sit up and walk around. This is Dr. Borck's fourth operation of this kind this year and his fourth success.

ITEMS.

—We are in receipt of the first number of the "New Yorker Medicinische Presse," a monthly published in the German language. Dr. George W. Rachel is the editor. The appearance and contents of the first number are very creditable, and, if all that the prospectus promises be done, the publication will be sure to meet with the hearty support of German American physicians.

—We are believers in Pasteur's preventive hydrophobia-inoculation. At any rate we feel confident that his researches on this subject will at some time prove a boon to humanity. With so much to be learned and patiently worked out, however, it is quite significant that the French and Americans alone appear to have gone crazy on the subject.

—Dr. John H. Hermann, an old practitioner of St. Louis, has retired from practice in order to save his failing eyesight. That this may ensue, and his declining years be such of repose and comfort is the heartfelt wish of his large circle of professional friends.

—Scene.—Fond young mother, Irish wet-nurse, pert young miss, doctor.

F. Y. M.—Doctor, why are my baby's passages so green?

Doctor.— —. — ? — ! —; —.

P. Y. M.—I would not worry about that. Her nurse is Irish. See !

—The article on page 489, Vol. XII, Review, which was inadvertently credited to "exchange" ws taken from the Philadelphia Medical Times.

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HYPNOTISM AND SUGGESTION.

We had occasion to make reference on a former occasion to the peculiar manifestations that are reported by French neurologists as a consequence of suggestion. The standing and reputation of these men elevate their reports above the doubts that usually arise in us regarding the genuineness of such phenomena. A fraudulent collusion is not to be thought of, and the peculiar psychical organization of the French is to be considered in explanation.

Charcot, in the Gaz. des hôpitaux, June, 1885, speaks of such psychical paralyses that depend on an idea, and gives them the name of "paralysies imaginatives." He says they really exist as if of organic origin, and are found almost exclusively in hysterical women. Mendelsohn, of Berlin, analyses the report.

In order to cure such patients, it is necessary to follow two methods: either to convince the patient, which is a tedious but safe procedure, or to deal with them after the style of the prestidigitateur, and bid them "Rise and go!" The latter mode is unsafe and failure frequent.

In these conditions of hypnotic neurosis it is possible by whispering certain words and ideas into the patient's ear to induce corresponding somatic phenomena, such as paralysis. But Charcot says that the condition that he styles "grand hypnotisme" alone permits of perfect success; the failure of experiment in the lesser degrees of hypnotism are the foundation of the wide-spread scepticism on these subjects.

In this grand hypnotism three distinct somatic conditions develop successively, i. e., a lethargic, a cataleptic and a somnambulistic period.

In the lethargic period hypnotisation is easy and rapid. Somatic and psychical phenomena attend it. The former are absolute relaxation of the extremities and elevation of reflex activity. Every muscle contracts upon the slightest touch, etc. The psychical symptoms are deep sleep. No impression is made by speaking or whispering to the patient, no answers are elicited.

In the cataleptic period the hyperesthesia of the muscles is missing; every position that may be assigned a member is retained. A proof that no simulation is practiced, is to be seen in the phenomenon that one side of the body may be brought into the cataleptic stage, while the other half is still in the lethargic or first period. The patient is immobile, like a statue. His mind is absolutely inactive, but an idea may be aroused; consciousness, however, does not intervene, and the phenomena are purely automatic. For instance, if the fist of the patient is doubled up and a gesture of a blow executed, we observe that the features express anger, if a gesture as of throwing a kiss is made, a smile follows. There is a sort of unconscious association in this influence of gesture upon the physiognomy.

In the third and best known stage, outer influences are most pronounced. The attitude is that of sleep. The eyes are half closed and can see, if we wish it. The somatic phenomena are negative; the arm drops when raised. No elevation of reflexes, no muscular hyperesthesia; however, cutaneous hyperesthesia. The mind sleeps, but not profoundly; the patient may even attempt to assert his will. But all actions are automatic; the patient does all that is requested of her; give her an umbrella and say it rains, and she will open it. Any hallucination can be so impressed upon her that it continues into the wakeful state.

For instance, if a pack of blank cards be given the patient and she is made to believe that one of them represents a certain portrait, then, after awakening, she can pick out that same card and still persists in its being the given picture.

Chloride of Methyl in Neuralgias.

We have formerly referred to this method of treatment of sciatica, etc., by means of a spray of chloride of methyl. Debove introduced the method with decided success. C. Vinay reports in Lyon Médical a series of successes in cases that baffled all other remedial efforts.

The chloride of methyl is dissolved and sprayed upon the affected parts; it evaporates rapidly, and a reduction to —23° Centigrade is so brought about. A few seconds suffice to freeze the skin; thirty seconds, for instance, are sufficient to freeze the sciatic and its branches from the hip down to the toes.

The pain is quite severe, and the application of the hot iron is said to be less painful. The pain passes away rapidly though, and hyperemia and hyperesthesia of the surface soon follow an intervening stage of anemia and anesthesia.

If inflammation of the skin ensue the renewed application of the remedy must be deferred.

Operation of Ectopia Vesicæ.

Prof. Trendelenburg, of Bonn, publishes in the Centralblatt fuer Chirurgie No. 49, 1885, a new method of closure of congenital defect of the anterior wall of the bladder. He starts out with the intention of securing a bladder that is retentive, and calls attention to the fact that the plastic methods of Thiersch, that are so ingenious, do not accomplish this desideratum. Sonnenburg's proposition of total removal of the bladder in such cases of defect does not appear justified to the author. The first attempt at direct occlusion of the bladder and the cleft urethra by union of the lateral margins way made by Trendelenburg five years ago. The results are not as perfect yet as a greater variety of cases and experiences in the future warrant Trendelenburg to hope for.

The plan of the operation is certainly a brilliant one. By separation of the synchondrosis sacro-iliaca on each side, the ossa ilii are liberated from the sacrum; they may then, by means of a proper apparatus, be anteriorly so approximated that the cleft becomes much narrowed and paring and suture of the lateral margins rendered possible, and a permanent occlusion follow. This main plan is modified to suit particular cases.

The separation of the synchondroses sacro-iliacæ is stated to be in small children a simple operation. The child is laid upon the belly; the left index finger is introduced into the rectum in order to determine the situation of the superior gluteal artery, and the incisura ischiadica major; the synchondrosis is then entered and cut with a strong scalpel. The precaution is suggested not to cut through the synchondrosis entirely, but to force apart the anterior portion by pressure upon the ossa ilii; thus a laceration of the large vessels of the pelvic cavity is avoided.

In adults, or persons approaching puberty, the separation of the synchondroses is a difficult and dangerous operation.

A great difficulty lies in the construction of a suitable apparatus for the continued compression of the pelvis. The children needs must remain in such a contrivance for weeks, and bed-sores are threatening and annoying complications. Trendelenburg at first employed pads that could be approximated by means of screws, and failed completely, because the apparatus could not be allowed to remain permanently. The present apparatus has weights instead of compression by screws. The contrivance consists of a broad, well-padded belt, that snugly fits the sacrum and the lateral portions of the pelvis. The ends of this belt cross over the belly, and to them weights are suspended on either side, as much as ten to fifteen pounds on each side in a boy two and one-half years old. Thus the spinæ superiores anteriores ilii that before opera-

tion were separated seventeen centimeters could be approximated to eleven and one-half centimeters; and the gap in the symphysis pubis that first was five centimeters wide was closed. In this manner the child is firmly fixed for six or eight weeks.

The posterior wounds healed by first intention. The second step in the operation is the paring of the edges. This is done after the bladder is reduced. The margins of the bladder must also be made perfectly free and mobile. The edges are then united by Lembert's sutures. Trendelenburg advises to close the bladder in this wise first, and as a third step suggests union of the neck of the bladder and the urethra. He has fully succeeded in closing the bladder and retaining it in position in a boy 2½ years old. He considers the principle the correct one and believes that perfected technique will accomplish much. In very young children the cutting of the synchondroses might be dispensed with.

Therapeutic Action of Thallin.

Laquer reports in an inaugural dissertation, Berlin 1885, according to the Centralblatt fuer klinische Medicin, on the use of thallin in twenty-four cases of pneumonia, typhoid fever, erysipelas, inflammatory rheumatism, pleurisy, etc. His results are corresponding to those of v. Jaksch and Alexander.

He gave doses of ¼ gram, repeated if necessary, and had rapid and positive antipyretic effects. The reduction of temperature was attended by diminished frequency of the pulse. In phthisis it appeared well to give very small doses, 0.01—0.03=⅓—½ gram, every half hour.

No side effects of a disagreeable nature were observed.

It is advisable to give the medicine in solution of alcohol and water, with the addition of syrup.

Chloroform and Dimethylacetal narcosis.

In the Deutche Zeitschrift fuer Chirurgie Bd. XXI, Fischer, of Strasburg, speaks of the mixture, consisting of two volumes of dimethylacetal and one volume of chloroform, that is employed for narcosis. The symptoms of this mixed narcosis are: pulse and respiration are at first hurried and gradually become much slower. The pulse is full and forcible,does not intermit. The respiration is never interrupted. The mucous membranes do not become irrated. No great excitement supervenes but sleep comes on quietly and calmly. No nausea or vomiting ever occurs. The subjects wake up rapidly and feel well. No gastric catarrh follows.

The mixture is recommended for narcosis in cases 1, of gastric catarrh, 2, in laparotomies, 3, of cardiac disease, 4, of nephritis, 5, of cerebral disease, epilepsy, etc., 6, in cases where chloroform is not well borne and threatening symptoms compel interruption of the chloroform narcosis.

Pharmacology and Therapeutics in 1885.

The British Medical Journal, as has been its custom of late years, gives a retrospect of the year 1885 and reviews the progress made in all the departments of medical science. The great majority of the advances have been faithfully recorded on the pages of the Review and little that is new to our readers may be found in the retrospect. The chapter on Pharmacology and Therapeutics is interesting from the fact that the Journal deplores the lack of activity in this branch in England, and commends America especially in this regard.

The Journal writes:

"The publication of the new Britsh Pharmacopeia has made it necessary to issue revised editions of most of our text-books on materia medica, and this has occupied the time and attention of many of the lecturers and teachers of this subject in the medical schools. The restrictions imposed by an over-zealous legislature have done much to cripple the progress of experimental pharmacology in this country, and it is difficult to find workers with sufficient self-devotion to undertake long and laborious investigations,

which bring them no tangible reward, but, on the contrary, expose them to contumely and opprobrium at the hands of an unthinking and ignorant fraction. Little by little England is losing its claim to be considered the leader of therapeutic progress, and it seems that we are to be content to sit still and receive the news of great discoveries in the art of treatment from America or the Continent. Many of our most energetic workers are silent, not caring to publish their opinions and results in the present unsettled state of public opinion.

Cocaine.—In the early months of the year, the Journal contained numerous contributions on the action of coca and cocaine, and our readers had an opportunity of perusing a very full account of the researches of Konigstein and his pupils. This distinguished observer has shown that, under the influence of a strong aqueous solution of the alkaloid, it is possible to enucleate the eye of a dog without causing the animal the slightest pain or inconvenience. He also demonstrated its value as a local application in the treatment of supra-orbital and other forms of neuralgia, his observations being subsequently confirmed by several well-known authorities in this country. Mr. Malcolm Morris has given the results of his experience with it in the treatment of pruritus ani; and Mr. John Watson, as the result of a number of valuable observations made on himself, demonstrated its value in the form of tablets, in the treatment of hay-fever and coryza. Mr. Eber Caudwell has shown that in man it exerts a two-fold action, being a cerebral sedative in small doses, and a cerebral stimulant in large ones. The attempt to utilize cocaine for the extraction of teeth has not been a success; and Mr. Martin Smale, with praiseworthy candor, has recorded his failures. In America it has been largely used experimentally, its various preparations being put up in a form which adds greatly to their portability and increases their popularity.

Hyoscine has been fully and systematically worked out by Dr. H. C. Wood, of Philadelphia, who has shown conclusively that it is to this alkaloid that the characteristic hypnotic and calmative action of henbane is due. It seems probable that it acts on mammals chiefly as a spinal depressant, and that it produces death by asphyxia, the result of an action on the respiratory centres. It exerts but little effect on the circulation, and does not paralyze the pneumogastrics. Dr. Wood, speaking from a large clinical experience, points out that it was of little value in relieving pain, but, on the other hand, quickly allays spasms. It is best administered in the form of the hydrobromate.

The value of Permanganate of Potash in the treatment of amenorrhea and other allied conditions has again formed the subject of discussion in the columns of the Journal, and we have published various articles and contributions bearing more or less on this point. The question in dispute seems to be as to the best mode of administration; some contending that, if given in a concentrated form, it produces untoward results, while others maintain that it may be administered at all times, and under any circumstances, not only without fear, but with the certainty of benefiting patient.

The introduction of Cascara Sagrada into the Pharmacopoeia has called renewed attention to a valuable remedy for habitual constipation, which is almost universally used in America. The various natural mineral waters possessing aperient properties, have been carefully studied, an impetus having been given to this branch of investigation by the publication, in book-form, of Prof. Hay's well known work on the action of saline purgatives. It is difficult to say to which member of the group the palm of popularity should be awarded, but the Friedrichshall water is most commonly prescribed by physicians. The difficulty of obtaining a thoroughly reliable laxative was long experienced, both by patients and their medical advisers.

Probably the most remarkable therapeutical contribution of the year was the paper on Strophanthus Hispidus, read by Professor T. R. Fraser before the Section of Pharmacology and Therapeutics at the annual meeting of the British Medical Association at Cardiff.

The introduction of this new remedy serves to commemorate, in a way that would otherwise be impossible, the centenary of the first employment of digitalis. Strophantus has not as yet come very largely into use, in consequence of the difficulty experienced in obtaining a sufficient supply; but this will soon be obviated, and we may congratulate ourselves on being in possession of a remedy of first rank both as a cardiac stimulant and as a sedative.

Nitro-glycerine has steadily made its way to the front, and has now an assurred position as a therapeutic agent. Quite recently, Burzhiniski has published a valuable paper on its action in nephritis, showing that under its influence the urinary albumen eliminated by the kidneys is diminished, whilst the quantity of urine is increased. Rossbach examined the action of nitro-glycerine, nitrite of amyl, and the nitrites of potassium and sodium, and gave a decided preference to nitro-glycerine, speaking of it as an excellent remedy" in interstitial nephritis, and one "calculated to prolong life." Its powers of dilating the blood vessels is so marked, that it is now used in the treatment not only of angina pectoris, asthma, and Bright's disease, but for warding off shock in all forms. In America it has been proposed as a subtitute for alcohol.

Hamamelis virginica has again been attracting notice as a remedy for checking hemorrhage, attention having been directed to the subject by the publication of Mr. Halpin's remarkable case of hemorrhage from the bowel, treated by hazeline.

The sodium and ammonium salts are now largely used, and threaten to supersede many of the old potassium compounds. Bromide of sodium and bromide of potassium are constantly prescribed in the treatment of epilepsy, hysteria, and sleeplessness. The mono-bromide of camphor is equally useful, and is well spoken of by competent observers.

Hydrochchlorate of apomorphine has been made officinal, and will probably take high rank as an emetic, especially in cases in which an immediate action is imperative, as, for example, in opium-poisoning. It is best given hypodermically, the tabloids being well adapted for the purpose, as solutions soon spoil by keeping.

Pyridine, one of the constituents of tobacco-smoke, is recommended by Professor Germain Sée, of Paris, in the treatment of asthma. It is a colorless fluid, having a peculiar characteristic odor, and, when inhaled, is said to cut short dyspneic attacks with remarkable promptness and certainty.

Dr. Dujardin-Beaumetz has published a painstaking lecture on Antithermic Medication, in which he gives the results of a large practical experience, extending over many years. He points out that resorcin possesses such powerful toxic properties, and is such an irritating medicament, that is unsuitable for internal administration—a conclusion amply confirmed by investigators in this country. Kairin he thinks dangerous, because it produces its antithermic effects by destroying the hemoglobin and profoundly altering the constitution of the blood—conditions to be especially avoided in infectious febrile diseases. Antipyrin is toxic in action, but less so than resorcin, and it has little effect on the blood or circulation. It is undoubtedly a valuable remedy, and is now largely employed both here and on the Continent.

The Turpentine group has been investigated by competent observers, and there seems good reason to suppose that, in pure terebene, which must not be confounded with the patent medicine sold under that name—we have a specific for chronic bronchitis and winter-cough. It is an antiseptic, and, being a palatable medicine, with an odor like that of fresh sawn pine-wood, is likely to become a favorite with patients. Some difficulty has been experienced in obtaining it, but we are informed that there is now an amply supply. Terebene-hydrate has also received some attention, but the rules for its administration have not yet been formulated.

Dr. Lauder Brunton's Lettsomian Lectures, taken in conjunction with the publications of Sir William Roberts, of Manchester, have given an impulse to the study of the various

digestive ferments, to which it would be difficult to attach too much importance.

Jequirity, concerning which much was written last year, seems not to have maintained its position; but there has been a revival of the interest taken in euonymin, and other hepatic stimulants. Iodoform is now so firmly established that nothing is likely to shake its hold on the profession. Modifications in its mode of manufacture have recently been introduced, which have resulted in the production of much finer specimens, admirably adapted for local application. Eucalyptol and eucalyptine—made from eucalyptus globulus—are undoubtedly of much value, and a thorough investigation of their properties is a desideratum. The time is probably not far distant when State aid will be invoked for work of this description; meanwhile, we must hope for the best, trusting that the race of scientific observers will not become extinct in this country."

Controlling Sex in Generation. — Anent this mysterious matter the New York Medica Record writes:

We are lotth, most of us,to accept new theories concerning any vital phenomena. Such acceptance involves a rude disturbance of our mental ease, and we hesitate to bestir ourselves, particularly as we do not know whither our steps may lead us. If any new theory is to be entertained its logical conclusions necessarily enforce themselves, though we may not at first see their relations to previously existing facts. Often our first ventures are hindered by our recollection that the promulgators of new theories have very biased views. Collateral proof strengthens us, particularly when it comes from one approaching the subject from a standpoint which differs from that of the original champion of the new idea. An illustration of this fact is found in the recent publication, by a layman, of a volume with the title, "Controlling Sex in Generation."

The author is Mr. Terry, whose residence is not given. The publishers are a well-known firm in this ciiy. To anticipate, the conclusions reached in regard to the subject are identical with those obtained some time since by scientific observers, viz.: "That at the generation of male offspring the mother must be in a higher degree of sexual excitement than the father. And, reversely, at the generation of female offspring the father must be in a higher state of such excitement than the mother." The value contributed by this particular volume to the question lies (as we have indicated) in the fact that its author is an intelligent layman, who writes in a spirit of candor, and who presumably is free from the many tendencies to one-sided opinions which encompass purely scientific men.

The writer has been, according to his preface, a husband and father for over thirty years. His first five children were all girls. A natural desire for sons led him to look into the subject of origin of sex, and to collect and collate facts bearing thereon. From these facts he adduced the theory we have stated. Experiments with some farm stock confirmed it to his own mind. This physical law, he frankly tells us, he has put in practice in his own marital relations, with the result that of the last four children born to him, three were boys.

He regards the subject as one of importance, in view of the existing and increasing excess of females over males in all the fully-settled portions of our country. He argues that this is partly owing to the gradual decline in the strength of mothers, taking them as a class. This decline has three material indications; the first is shown in the proportionally increased number of deaths of boys in early infancy from debility, marasmus, etc.; the second in the increased proportion of boys among the still-born children; the third in the decrease in the conception of boys. These facts are illustrated in extensive and carefully prepared statistical tables, compiled from the mortality records of some of our largest cities and states. The relative mortality of boys to that of girls is, in still births 100 to about 68; in brain diseases, 100 to 82; in diseases indicating feeble vitality (debility, marasmus, etc.), 100 to 85; the same ratio

holds true in diseases of the respiratory organs; in diseases of the nutritive organs, 100 to 91; contagious diseases he finds about equally fatal in both sexes. From the study of the lower forms of life he advances to the assumption that any physical law governing sex operates either before or at the moment of conception or impregnation, and not afterward.

The natural sequence follows that in order for parents to have male offspring, it is necessary for them to put themselves under those conditions wherein this physical law may act. Inasmuch as most of our women in modern civilized life are physiologically below par, every favorable circumstance of environment ought to be brought to bear upon them. Fashionable follies should be shunned. In the large and influential class of women who avoid these—the class known as the religious world—the desires connected with maternity should receive a higher respect; a holier and less sensual idea should be accorded to the fulfilment of the maternal duty. Physical debility in the wife renders proportionally stronger the sexual impress of the husband. Under the operation of the law female children result. The more sickly the wife, the more debilitated the children. Says the author: "There was never yet a right-minded wife who would not be proud to be surrounded by a round dozen of stalwart, clear-headed sons and rosy-cheeked daughters; but when they come forth pale, stunted, scrofulous, and spine-distorted, fit for only the physician's hands, one or two quite suffice to satisfy the mother's pride."

The conclusion drawn as the final one is, that given a wife in average health desiring male offspring, she should carefully observe her disposition in regard to sexual desire with reference to the days following menstruation, and the time when this disposition is felt most strongly should be chosen for the performance of the marital function.

In the experience of the author it it noteworthy that all three of the male children born to him died in infancy, not one surviving till the birth of the next. The remaining child of the four was born intermediate between the second and third son. She suffered the usual run of infantile diseases (some of them being more severe, seemingly, in their attack, than were those that carried off the male children), and grew up to be a robust child. The author observes that women who bear preferably female offspring are often deficient in milk for males, if such are born to them. He thence argues that wet-nurses are more necessary for males.

The wonderful influence which brings the sexes together in reproduction he regards as a sort of animal electricity—the male being the positive and the female the negative element. He adduces the alkalinity of the semen and the acidity of the menstrual fluid (asserted by some) as analogous in reaction to the behavior of certain chemical bodies when subject to disintegration by electrolysis.

We have, in the foregoing, outlined the main features of the volume. Many interesting points have not been touched upon. The author's lucid style and logical method show him to be no shallow observer of sociological and biological facts. He claims that the large surplus of women in the community is now the cause of many social evils as well as moral ones. Hence he feels "no doubt as to the propriety of publishing to the world a modest theory that professes to show how this relative disproportion of the sexes originates, and how the equilibrium can be restored." He asks for a careful examination of his theory before it is condemned. He claims to be actuated by a desire to do good, and asserts his honest belief in the truth of the theory advanced. In any event, the book is valuable as the contribution of a conscientious, intelligent layman to the solution of a scientific problem.

Adonidine; A New Cardiac Agent.—We find in the Medical News an original article by Dr. J. C. Wilson, physician to the Philadelphia Hospital and to the Hospital of the Jefferson Medical College, on this agent and abstract the following interesting passages:

The Adonis vernalis, a plant belonging to the natural order Ranunculaceæ, and indigenous in Southern Europe, has long been empirically used in Russia in various affections, and especially in diseases of the heart. Rubnow, of St. Petersburg, in 1879, first made the medicinal properties of this plant the subject of special research. In 1882, Cervello, of Strasburg, succeeded in isolating its active principle. The results of his investigotions were published in the Archives Italliennes de Biologie, toward the close of the same year. From this date the remedy excited much interest among the physicians of Russia and Germany. In 1884, Lesage made public the results of physiological studies concerning its properties, conducted in the clinical laboratory of Germain Sée, at the Hôtel Dieu. Quite recently Durand,at the suggestion of Desplats, has made a careful clinical study of the therapeutic action of this substance.

The older preparations were made from the root and leaves of adonis. Rubnow employed an infusion and maceration of the leaves, and an extract has also been used. The active principle of these preparations is the glucoside, isolated by Cervello. This substance is amorphous, colorless, without odor, intensely bitter, slightly soluble in ether and water, and freely so in alcohol. Rubnow employed the leaves in infusion of a strength of four to eight parts to 180 parts of water. The dose of this preparation is a tablespoonful every two hours. Durand employed the glucoside in pills of 0.02 centigramme (one-third grain) each, and rarely exceeded this dose.

The physiological effects are analogous to those of digitalis. Cervello, experimenting on frogs, found that fifteen milligrammes (one-fourth grain) were sufficient permanently to arrest the heart. According to him, adonidine should be employed in a smaller dose than digitaline. The dose used by Durand is enormously greater than this. Its administration is followed by a series of phenomena which represent three well-characterized phases. First, slowing of the pulse, with elevation of the arterial pressure; second, increased frequency of the pulse, with still further augmentation of blood-pressure; third, still further increase of pulse-frequency, with decline of blood-pressure. Adonidine appears to be without cumulative effect. A patient of Durand's, aged 14 years, took by mistake, in the course of a few hours, 0.20 centigrammes (three grains), of adonodine without serious results, other than repeated vomiting and diarrhea. All observers agree that this remedy, while producing effects closely analogous to those of digitalis in other respects, is without cumulative dangers. Leublinski alone, among those who have used it, finds adonis badly borne, giving rise to vomiting and diarrhea.

In addition to its action upon the heart, adonidine possesses, in a high degree, diuretic properties. Michaelis has reported a case, in which digitalis having failed to augment the volume of urine, the administration of adonis was followed by an increase of thirty per cent. Altmann, Leyden, and Riegel have also testified to its diuretic properties.

Durand, as the result of careful, systematic clinical investigations in five cases, affirms that adonidine, in one-third grain doses, augments the arterial tension, regulates the action of the heart, diminishes the frequency of the pulse, and increases the energy of the cardiac systole. Furthermore, it rapidly induces diuresis. Its effects are prompt, it is well borne, and the indications for its employment are the same as those of digitalis, without the dangers of the latter drug.

As a result of extended comparative studies of the clinical effects of this remedy, and of those of digitalis, caffein snd convallaria, Durand concludes that, notwithstanding the dangers of digitalis, which render necessary both skill and caution in its employment, it must be assigned the first rank among cardiac stimulants; that caffein is indicated in those cases requiring a more prompt effect; and that convallaria has the advantage of producing more persistent diuresis. Convallaria is to be preferred to digitalis, where the stomach is irritable; caffein in nervous and easily excitable individuals. Although convallaria and caffein are more prompt in their

action upon the kidneys, their influence upon the heart's action is less decided than that of either digitalis or of adonidine.

The Use of Iodol in Surgical Operations.—The American Practitioner quotes from the Berliner Klinische Wochenschrift: Dr. Gætano Mazzoni calls attention to a new chemical preparation, called iodol. The substance is a powder of a yellow or grayish-brown color, nearly odorless and perfectly tasteless, and has an action very similar to that of iodoform. The observations made upon its effects already exceed two hundred, and the results have been extremely favorable. The remedy may be used in powder, suspended in glycerine as an ointment, or in dilute solution of alcohol and glycerine, the substance being entirely insoluble in water. In venereal disease its effects have been excellent, as also in periadenitis. In abscesses, in which necrobiosis is extensive, the beneficial effect of iodol is manifested in the disappearance of all odor and the rapid disappearance of swelling and accompanying healthy granulations. In indolent ulcers a similar beneficial influence was noted. On the other hand, the remedy is found useless and indeed harmful in gangrene. Further, it is found to possess the power in a high degree of promoting healthy granulations, as is shown by its use in various forms of lupus and in chronic fungoid inflammation of the joints. The chemical formula of the preparation is not announced in the article calling attention to its merits.

Acute Inflammation of the Knee Joint.—In a report on the Progres of Orthopædic Surgery and Diseases of the Joints, by Charles T. Poore, M. D., in the New York Medical Journal, occurs the following: "Mr. Richard Barwell (Lancet) advocates the treatment of acute inflammation of the knee joint by aspirating the joint in the following way: The knee is firmly enveloped, by preference, with a sufficiently broad band of elastic webbing; or an ordinary calico bandage will answer the same purpose, care being taken to leave between two of the turns a little interval on the inner side on a level with the upper margin of the patella. At this point a tubular needle is passed into the joint. The fluid runs away, as a rule, quite easily, and often better, without the aspirator vacuum. While it flows the hand should exercise a little pressure on the patella, effectually preventing the entrance of air, and when, the flow having ceased, the needle is withdrawn, the puncture is to be covered with sticking-plaster. Pressure by means of adhesive plaster must then be applied, and the limb placed at rest for a few days upon a splint. In traumatic cases the fluid is deeply stained with blood; in non-traumatic cases, if the evacuation is effected early, the liquid is quite clear. By this procedure the pain is immediately relieved, the temperature, if it has been high, subsides, and the patient is well in from ten days to a fortnight."

Salicylate of Soda in the Treatment of Confluent Variola.—The Medical News culls from L'Union Médicale: At a recent meeting of the Bordeaux Medical and Surgical Society, M. Saint Philippe presented a report on the use of sodium salicylate in sixty cases of variola. Under the influence of this antithermic and germicidal agent, he has observed fall of temperature and diminution in the frequency of the pulse, the re-appearance of calmness, appetite and sleep. The pathological action of the skin is modified, and on the twelfth or thirteenth day the pustules become dry. It is given from the first appearance of the eruption, in syrup, in doses from 90-120 grains for an adult, and 60-90 grains for an infant. The only observed ill-effect is a temporary anorexia. Cutaneous lotions of the salicylate in ten per cent solution, rapidly abort the pustules, but may be followed by nnmerous extremely painful abscesses.

Ichthyol and its Uses.—The Berlin correspondent of the Medical and Surgical Reporter writes: Ichthyol, in the opinion of Dr. Lorenz, who speaks from experience, is an admirable, in some points unequalled

remedy against inflammation; for on the one hand its effects are quicker than other remedies, and besides it can be used, especially in war, on the upper parts of the body without disabling the patient. Dr. Lorenz gives a few cases in which he has proved its efficiency as follows:

Mrs. M., 63 years old, suffered for ten years from irritation and burning of the entire skin; she states that this had been the case even in childhood, but only for the last ten years had it been so unbearable that for weeks she was unable to sleep—patient said she had been treated unsuccessfully by four physicians. Dr. Lorenz, on examination, found the picture of prurigo—the recipes shown to him proved that all the remedies generally used had been prescribed; he therefore tried ichthyol (recommended by Dr. von Hebra) with water (30:100). On the following day the patient, who, after a warm bath, had used it twice, declared that she felt only slight irritation, and was able to sleep. She used it two weeks longer, and up to the present, although three months have passed, has felt no irritation.

Patient 53 years old had severely burnt his right hand; the entire back of the hand was a granulating ulcer, the fingers and back of the forearm covered with blisters. After opening and partially emptying them a 10 per cent of watery solution of ichthyol was poured over the hand, and a linen bandage soaked in oil enwrapped it. The healing was remarkably quick.

Dr. Lorenz has tried the ten per cent solution in cases of badly healing sores and ulcers of the anus, and has always found it excellent.

Internally the Doctor has used ichthyol chiefly in chronic cases of catarrh of the stomach, and its taste not being agreeable, although not so disagreeable as chinin, for example, the Doctor gives it to females in capsules; males have no difficulty in taking the one per cent solution (4 to 6 tablespoonfuls pro die).

Patient M. had suffered several years with catarrh of the stomach; had been troubled by vomitus, not only in the morning but also afternoon. Bism. subnitr., with morphine, gave partial relief during severe attacks; other remedies had failed in giving even relief, not to mention cure.

Dr. Lorenz tried ichthyol-natron capsules (a 0.25 grammes). After sixteen capsules had been taken the vomitus had ceased; patient found himself in excellent health, with strong appetite, which had previously been very weak.

Digestibility of Varieties of Cheese.—In Biedermann's Centralblatt Keenze lays down the results of experiment on eighteen varieties of cheese. Cheddar, a rich and highly flavored English cheese was digested in the shortest time, four hours, whilst unripe skim swiss cheese required ten hours for solution; there is no difference in the digestibility of all sorts of hard cheese, or all soft cheese. All fat cheese are dissolved the most rapidly, because being open by reason of the fat, they are the most readily attacked by the solvent.

There is no connection between the digestibility and the percentage of water present in the cheese, but there is some connection with the percentage of fat and the degree of ripeness. From examination of the quantity of nitrogen dissolved, the author concludes that, on account of its great digestibility, cheese is the most nourishing of all food, meat and eggs excepted.

CONTRIBUTION.

THE ANTIPYRETIC TREATMENT OF TYPHOID FEVER WITH QUININE AND ANTIPYRINE.

By John B. Rosson, M. D.

(Read at the Southern Illinois Medical Association, Nov. 19, 1885.)

Mr. President and Gentlemen: I desire to call attention but a short time to a subject upon which there exists a difference of opinion among physicians. I have reference to the antipyretic treatment of typhoid fever. I think perhaps a majority of the members of

this society condemn the use of antipyretic doses of quinine to reduce temperature in that disease, and doubtless, some doubt the propriety of reducing the temperature at all. I have once before presented this subject to elicit discussion, and some of our oldest physicians said on that occasion that quinine does no good in typhoid fever. Notwithstanding their assertion, I have not changed my opinion, for I have repeatedly observed the results of antipyretics with the thermometer and know that I have not been deceived. I know that large doses of quinine will reduce temperature in nearly all cases, and I know that by so doing it prevents fatal complications. (Loomis on fevers, Bartholow.) This is saying a great deal, and some of the members will dispute me. Let them dispute, for they have a right to do so, and I may be benefited thereby. Such assertions as I shall make will the better draw out discussion, for I do not, like some of the text-books, simply say that quinine may reduce temperature, but I say that it does do so. I shall not say that a reduction of the temperature may benefit the patient, but I say it does it. The "may" assertions in our books have caused the death of many a patient by the doubt they cause in the professional mind.

I heard Dr. Berkobile and others say once at a meeting of this society that quinine does no good in typhoid fever. Dr. Bribach, of St. Louis, says quinine prolongs the disease, and at the same time says that the disease undisturbed runs its course in from twenty-one to twenty-eight days. I say that ordinary cases with low temperature will run their course, as he says; but, if the temperature should happen to run very high, the disease, if undisturbed, will certainly run the patient into the ground; while, if antipyretics were judiciously used, the disease would be modified and the patient's life saved. Does Dr. Bribach allow the temperature of his patients to take care of itself? If high temperature will kill, and if it can be reduced by treatment, is it not murderous to allow it to go undisturbed, simply because cases of an ordinary temperature run their course without treatment? I boldly oppose the "let alone" treatment, for I honestly believe it has caused the death of many a patient.

We had an epidemic of this disease at our place last summer which has continued until the present time, and I have been very particular to study the disease and the effects of treatment. Like Dr. Bribach, I have let cases of a low temperature run their course without medicine, but not so with those of a high temperature. But I have converted cases of a high to those of a low temperature, and by a continuous application of the treatment, have kept them mild until they had run their course of four weeks.

We all know that the higher the temperature the more dangerous the case, and the lower the milder. Now if we can convert one of a high temperature into that of a lower, we have made a favorable case out of an unfavorable one, and of course have, no doubt, saved a life. But the question is, can we do it? To be enabled to come to a conclusion we must know the natural tendency of the disease, that the modifications produced by the treatment will be known when seen.

What is the natural tendency of the temperature in typhoid fever? Its tendency naturally is not to modify itself. It gets higher and higher until it reaches the point at which it is going to arrive, let that be high or not, and there remains continously and about the same every day for a time, and then gradually declines, at last intermitting, until finally it ceases. Well, if we get a reduction of the temperature during the time for its ascension, we certainly know it is the result of treatment. If, in the beginning of a case we have a high temperature, and, after giving antipyretics we have a low temperature, we know the treatment has done it. If we withdraw the antipyretic treatment in such a case the temperature is certain to rise again, thus showing what the nature of the case would be without the antipyretic, as well as demonstrating the powers of the remedy. If you have a high temperature the first week, you have a bad case, for it will not be reduced per se, until the natural time has passed for it to do so; and, as high temperature will cause paralysis of the heart, it is very necessary for something to be done. I will relate a few cases to show the results of treatment.

Mrs. H., a blonde, called me in to see her. She had been feeling bad for several weeks. For several days had suffered with chilly sensations with fever, which was high in the afternoon, and until midnight. Always felt better in the morning. Had had epistaxis, pains in the back, head and limbs. No appetite. Tongue was pointed and the tip and edges red. Bowels loose. Gurgling in the right iliac region. Temperature 105°. Tongue would tremble when protruded. There was a general nervousness or trembling of the muscles. I gave at midnight thirty grains of quinine at one dose. The next morning at 9 o'clock the temperature was 101°. I gave twenty-five grains at midnight the next night —the next morning her temperature was be-

low 100°, and the next morning it was down to 99°. I continued to give quinine in twenty grain doses at midnight for four or five days, holding the temperature down to 99° in the morning and 100° or 101° in the evening. I concluded I would discontinue the remedy for awhile, but as soon as I did so it arose again to 103°, when I gave quinine again, and continued it in fifteen grain midnight doses until the latter part of the third week, when I stopped, the temperature naturally declining of itself. I gave no more medicine, with the exception of muriatic acid to promote primary assimilation. The fever ceased at the end of the fourth week, and the lady made a good recovery.

I could relate a large number of such cases, but as it would be only a repetition, it is not necessary to report others treated by quinine in antipyretic doses. I have watched my cases closely, and can speak positively on the antipyretic powers of quinine and the beneficial effects of the remedy in the high temperature of typhoid fever. In using quinine as an antipyretic, I generally combine opium with it to modify its unpleasant effects.

I have treated quite a large number of cases also with the new antipyretic called antipyrine, and have been gratified with the results. Since its introduction, I have been using much less quinine. I have treated cases with it which were situated so that I could make examinations hourly. From my experience with it, I am enabled to conclude that the doses recommended by some of our journals, are entirely too large. I have never failed to reduce the temperature with ten grains at one dose or seven and a half grains given hourly until two doses have been given.

A lady who lives near my office was attacked with typhoid fever, and the temperature ran during the first week to 105½°. She had all the diagnostic symptoms, and the temperature was beginning to bring out ataxic symptoms. She was very restless, simply because she was hot. I gave her antipyrine in seven-and-a-half grain doses, hourly, until two were taken. The first dose ran the temperature down to 100° in an hour; the second brought it down to 98½° in the next hour.

Since that time I have treated several cases with that remedy, and with the best of results. It is more pleasant in its effects than quinine, but not so permanent in its results. There can be no regular time for its administration, as after it has been used a while it begins to show a tendency to lengthen the intervals between falling and rising of the temperature. Sometimes it will be necessary to give as much as ten grains, and at others five will be sufficient. Sometimes after a reduction it will be six hours before the temperature will begin to rise, and at others, especially in the third week, it will remain low for twelve hours or more. It has no tendency to produce unpleasant symptoms, but on the other hand, causes comfort. It produces rest, indirectly, by reducing the temperature. It relieves hyperemia of the brain, thereby producing sleep. It diminishes the frequency of the pulse. The only effect it produces which might be regarded as unpleasant, is diaphoresis. This, however, is not excessive when moderate, yet sufficient, doses are given.

I have also used this remedy in pneumonia, and find it has a tendency to relieve the difficult breathing which always accompanies high temperature in that disease. I have also used it to reduce the temperature in one case of capillary bronchitis, and I think it was the means of saving the patient's life.

It reduced the temperature and relieved the difficult breathing every time it was given.

In typhoid fever, however, I think its effects are more permanent when given in conjunction with the quinine treatment. It brings the temperature down readily, and the quinine holds it, and at the same time antagonizes any malarial element which may belong to the case. It is a very safe treatment to use quinine in full doses in the beginning to assist in the diagnosis, as well as for its more permanent antipyretic effects.

Now in regard to the effects of the diminution of the temperature. When it is high, the patient is restless on account of the irritation of the nervous system and hyperemia of the brain. Those who witness the patient when his temperature is high, and when it has been reduced, can readily see the great benefit derived from its reduction. The patient is converted from a condition of restlessness and suffering to one of comfort and healthful sleep. The sleep is not the direct effect of the remedy, for directly it is not a hypnotic, but it results merely from the reduction of the temperature and the hyperemia of the brain. The patient himself will be able to tell when the temperature is rising, and soon learns to call for his medicine. It is best, however, to have a thermometer in the hands of an intelligent nurse, so that the rise may be detected as soon as it begins, and held down as near as possible to a particular point. It may be kept down to the natural standard, but this is not necessary as the patient is not uncomfortable at 100°. After the first reduction it can be held down with small doses, say five grains, provided the case is

watched by the nurse's thermometer, and the medicine is given as soon as it begins to rise. By this means a bad case of typhoid fever can be so modified as to enable the patient to go through comfortably, and a life can be easily saved which would, if the case was left to go unmodified, be lost. If there is considerable diaphoresis after the administration of antipyrine, its depressing effects can be antagonized by stimulants, and I am in the habit of giving whisky, milk and eggs in connection with it, but I have never seen any depressing effect from the doses I have given. I would not recommend a dose greater than fifteen grains, and as a general thing, seven and one-half and ten grains are sufficient. It is better to be a little longer reducing the temperature than to depress the patient through the copious diaphoresis of an over dose.

Reduce it cautiously and keep it down; feed your patient, and you will be gratified with the result you will obtain. I speak from experience. My efforts, since I have adopted the antipyretic treatment of this disease, have been crowned with that success I never before obtained, and I must thank Prof. Loomis and Prof. Bartholow for causing me to investigate in this direction.

There are those who say that, if you reduce the temperature in typhoid fever, you will prolong the disease. They say that the high temperature is the result of a "sort of fermentation," and being a natural result of the disease, it is a "necessity," and that, if you reduce it, you hinder this process and thereby prolong the disease. In a practice of fourteen years, I have demonstrated this doctrine to be a fallacy. I have treated them both with and without medicine, and have carefully noted the results. I have only treated the mild cases without medicine. The fever lasts from twenty-one to twenty-eight days what course soever may be pursued. I have demonstrated the fact that in mild cases without medicine you will have about as much emaciation and debility as you will have in a bad case well treated, thus showing that the disease is modified by treatment.

By reducing the temperature in a case you prevent waste of the tissues. High temperature causes "parenchymatous degeneration of organs—the liver, kidneys, muscular tissue of the heart, the nervous system of animal life in general." (Bartholow's Practice, page 693.) By the increase of waste produced by high temperature, the action of the kidneys must be increased to eliminate the results of that waste. How unreasonable to expect them to perform this function, when they have themselves become degenerated by this same high temperature. No wonder our patients under such circumstances die with uremic poisoning. High temperature will prevent the absorption of the nutriment by causing paresis of the vaso-motor nerves, through weakness of the circulation caused thereby. It will cause paralysis of the heart by this granular and fatty degeneration of the heart and also the nerves controlling it; and, by controlling high temperature, these serious lesions are prevented, and the life of the patient is saved. By controlling it, you prevent restlessness, you prevent delirium, and ensure comfort, and, in fact save life, when it could not be otherwise done.

Since I began the use of antipyrine, I have not been using such large doses of quinine. In the beginning I gave ten grains at 4 o'clock A. M., and ten at six every day until I have become satisfied that it is not a malarial fever.

There is no necessity of doing anything except to reduce the temperature, feed and stimulate. Alcoholic stimulants prevent waste as well as strengthen the heart. (Bartholow).

My able friend, Dr. Bundy, says his treatment of pneumonia creates a fever. He says, "that is what you want." There is no member of this society for whom I have greater respect than Dr. Bundy, but I must say that he is mistaken. His treatment for that disease is excellent, but it does not produce a fever. It actually reduces the temperature, as I have repeatedly demonstrated by careful observation. It is, however, the best treatment with which I am acquainted.

I only mention this to show how badly mistaken a physician may be when he does not avail himself of the benefits of the thermometer in the treatment of disease. Practicing without a thermometer to observe disease and results of treatment, and the adoption of the "let alone" treatment has caused the death of many a patient with typhoid fever. It enables us to detect a dangerous case in its early stages, and we are prepared to combat the element which produces fatal complications. We detect the danger in its incipiency, and lay hold of it before it has exhausted the patient.

By reducing the temperature, we at least prevent an emaciation which would keep him down longer after the cessation of the fever, and thus ensure him an earlier recovery.

The old way of treating typhoid fever with calomel, which is also practised now by some, in connection with the fever, caused a destructive metamorphosis, that made a slow

recovery, if it did not cause the actual loss of life. It sometimes caused fatal bowel complications, and the disease was accused of the mischief. I presume it has been used to combat the inflammatory condition of the bowels in the disease, the practitioner going on the theory that the disease is dependent on this condition, while the condition of the bowels is a result of the disease, and not a cause.

Having said enough to elicit discussion, I shall close, thanking you for your attention.

SELECTION.

THE BRADSHAW LECTURE ON ANTISEPTICS IN SURGERY.

DELIVERED AT THE ROYAL COLLEGE OF SURGEONS OF ENGLAND, DECEMBER, 1885.

BY JOHN WOOD, F.R.C.S. ENG., F.R.S.

Senior Vice-President of the College; Surgeon to King's College Hospital; and Professor of Clinical Surgery in King's College.

From the British Medical Journal.

The appointment to the Bradshawe Lectureship, which has brought with it my present duty, I estimate as the expression of a confidence which is most grateful, though I am bound to consider it as also flattering, to me. To follow in the steps of eminent masters in the art of didactic expression, not less than in the faculty of thinking, who have preceded me in this function, cannot but be a valid reason for feeling somewhat abashed, as well as for the exertion of my best efforts to justify the choice.

In selecting the subject of my lecture, I have been led to the consideration of the practical methods now in vogue of employing antiseptics in surgical cases, both because I judged it to be a subject well within the range of the objects of the founder of the lectureship, and because it was one in which for many years past I (in common with surgeons generally) have taken much interest; and have by this time acquired a very considerable experience. It has also the advantage of being a subject of ever-growing importance and improvement.

The tests of time and experiment have been applied to a sufficient extent to confirm or to disprove the value of many methods, at first highly approved and much lauded. Can we yet discern the difference between the good wheat which stays and nourishes, and the chaff which flies away and vanishes with the searching winds?

In endeavouring to answer this question with such exactitude as the present state of knowledge will permit, I propose to confine my remarks chiefly to the external application of antiseptics, to the exclusion of theories of causes and origin which belong rather to science than to the art of surgery, and which time will not allow me to discuss in this lecture.

Let us first consider the agencies which more or less accelerate or retard the healing of wounds. In doing so, we must bear in mind that every method of treatment has some basis of fact or theory which enables it to resist immediate extinction, and to maintain its ground for a certain time. Each of them has some sort of title to theoretica consideration which contributes to form an argument for its support. If the theory be disproved, the practice at once fades away into the limbo of exploded schemes, which has swallowed up a multitude of medical and surgical notions.

The foundation and support upon which all alike rest, and which give to all a large proportion of such success as they may meet with, is the reserve fund of recuperative vitality which lies in what was called by Cullen the vis medicatrix naturæ. Th cordingly place first in order and in i tance.

The vigor and intensity of vital force vadingall the tissues, from the highest ne structure to the humblest forms of protoplasm, together with the exact balance of compensating functions which are found in perfect health, endow the individual possessing them with the means of resistance to disintegrating influences, and to overcome the tendency to dissolution. They enable him to pass through the dangers of infection, a naught unhealthy surroundings. Such persons walk through the fiery furnace of contagion unscathed as the three Jewish children, without even the smell of fire coming upon them. But a great degree of this power is sometimes found in those who are by no means examples of perfect health. A scrofulous subject will frequently undergo severe operations, long suppuration, and tubercular infection, without showing symptoms of either pyemia, erysipelas, or other forms of bloodpoisoning, to which others, stronger than they, succumb. Wherein does the resisting power reside in these? Are they protected by hereditary or acquired peculiari-

ties, which, like vaccination, render them not susceptible to these particular kinds of tendency to dissolution? If we argue, from the bacterian theory, that they do not furnish the suitable nidus or nourishment for the cultivation of one particular form of microbe, we only push the question one step backward, and again inquire, What are these suitable conditions? and why does one possess them and not another? The bacteria, which are said by Beale to lie latent in all the tissues even of the healthiest animals, seems to cause no mischief. But even the more active microbes seem in many cases to be rendered powerless by the vitality and conservating force of the tissues or secretions which they inhabit. Klein considers that such a theory of general vital inhibitory force is not tenable, and proposes the explanation that the inhibitory force is due to the presence of a chemical substance produced by the living tissues.

This looks like a recurrence to the old chemical, as distinguished from a particulate agency. Is it not possible that this chemical agent may be the oxygen formed in the vital processes? In the form of ozone, it is a powerful antiseptic. Can it be said to inhibit putrefactive forces out of the living body?

Dr. Burdon Sanderson has advocated the theory that the really poisonous property of the bacteria resides in the zooglœa, which is the result of their propagation, a theory which rests upon the experiment of the injection of filtered bacteria into the flesh of living animals without poisonous effects. The formation of this zooglœa, following the general analogies of such procreation, takes place most readily in tissues most easily decomposed. From this point of view, these may be the cause, rather than the consequence, of the invasion of the bacteria.

But other lowering causes, such as bad hygienic atmosphere, may so depress the patient, that his tissues are no longer able to resist the decomposing forces. Accumulating doses of particulate animal poisons, absorbed by the vessels of an abraded surface from external sources, may at length overcome the internal inhibitory resistance; and pyemia, hospital gangrene, or erysipelas, may then result, corresponding to the external irritation or stimulus. And such irritation may possibly be produced by microbes, otherwise harmless, which have gathered infective properties from other animal bodies, as flies are known to carry infection from one patient to another.

Another question arises: Do microbes cause suppuration without the previous production of putrefaction? We are in some danger of forgetting that abscesses commonly form, and necroses occur, in deeply placed tissues and in bones, without any communication whatever with the external atmosphere; and that, when first opened, the pus in these abscesses is usually sweet, and without the least trace of putrefaction.

If microbes be the cause of this suppuration, how do they reach the spot on which they exercise their injurious influence? Are they the resident microbes developed to the power of active propagation, or foreigners introduced from without? Again, there must be, in some cases, inhibitory influences preventing the full and complete result of their pernicious development, even when introduced from without. Bone-caries, with open sinuses, may continue its slowly destructive course for years, without setting up blood-poisoning.

I have lately seen a scrofulous female, aged 60, who had had carious disease affecting the bones of the foot, and slowly destroying them one after the other, with constant discharge of pus, without producing constitutional symptoms, for twenty years. And yet, in other cases, an apparently closed abscess may be putrid when opened, and contain multitudes of bacteria. It is supposed, however, that these have, at some time had communication with the external air, since they are usually found near mucous channels, the rectum, urethra, mouth and throat, closely exposed to foul and putrefying agencies. All these problems still await solution.

The protective and inhibitory power of the system is clearly indefinite in its strength and quantity, variable and indeterminate in its efficiency. It may be expressed by the algebraic sign x as a factor in the vital processes, whose value is unknown in any given case with which the surgeon has to deal. It may be improved, fortified and conditioned, to some extent, by previous treatment, by feeding, tonics, and healthy hygienic circumstances; but these are often necessarily wanting in various emergencies and accidents. It may be probed and fathomed, to some extent, by a careful medical examination of all the functions and organs of the body; but it is by no means capable of anything approaching to exact measurement, or of any closer estimate than the shrewd guesses of the practised surgeon. It may be said to form a limited liability bank, upon which all methods draw for successful results. It is well not to over-draw the account.

That which I shall place as next in importance for the satisfactory progress and healing of wounds, is a healthy atmosphere surrounding the patient, both before and during

the period of healing. It is in very great measure owing to the remarkable advance in this particular that so much improvement has taken place, in longevity, in the rate of mortality, in the shorter duration of surgical complaints, and in the less fatal results of surgical operations during the last twenty years.

The successful results of segregation of patients, and of the open air and under canvas treatment of surgical pneumonia and hospital gangrene (brought about by the enlightened views and energetic advocacy of the army medical officers, and their influence upon the officers in command in the choice of sites for encampments and hospitals), show what has been done towards the prevention and cure of these diseases on purely hygienic lines.

I have long thought and taught that success in surgical operations depends, in great measure, upon the previous treatment of the patient, and his emplacement within the range and under the influence of good hygienic surroundings, in all cases which admit of some delay before operating. There are, of course, cases of accident and disease which do not admit of such delay, and others in which such influences are impossible or uncontrollable; but it is too often the case that change of air and place come after, instead of before, the operation, when convalescence might be best promoted by the latter course.

As a striking instance of the effects of a pure and well oxygenated air, I may here allude to a fact, stated by Mr. Stavely Hill, in his interesting volume "From Home to Home." Speaking of Montana and Manitoba, in North-West America, through which he journeyed, he says: "The way in which in this climate a gunshot-wound or other flesh-injury heals, is truly astonishing. Of course, a good deal is owing to the abstemious and healthy life which the people live, but something is due also the excellence of the air, and the dryness of the atmosphere. Even in hot weather, meat will keep for almost any length of time. I have carried beef with me in the wagon for three weeks, as good at the end of that time as at the beginning. So long as it is kept from the flies, no change seems to take place in its quality." As a consequence, the people, even of both sexes, regard little the infliction of pistol-shots upon each other.

An interesting illustration of a purely natural and simple antisepsis came under my notice last year, while enjoying my holiday among the hills of Cumberland. I was about leaving Wastdale Head in the evening, after a pleasant ramble about Scaw-fell, when a messenger brought the news that a dreadful accident had befallen a tourist, while climbing the rocks at the side of that mountain. After some delay, caused by the difficulties of bringing down the insensible patient, I found that he had fallen a distance of about one hundred feet, while turning the corner of a perpendicular rock-face. The fall was broken at a distance of seventy feet by a rough rock slope, over which the unfortunate man slid and rolled with great velocity; and then over another precipice of thirty feet; finally alighting on soft turf. Along the rock slope the integuments of the head and face were scraped and ground fearfully. They were damaged to an extent exceeding anything of the kind I have ever before witnessed. The scalp and integuments of the forehead and face were hanging in tatters over the ears and eyes. The nasal and superior maxillary bones were denuded of covering, indented and bruised. The lips and chin were in rags; the eyelids torn and livid, and all the soft parts covered with a sandy grit imbedded into their substance. He was in a state of semi-coma from shock and hemorrhage, with two ribs fractured and a deep laceration on the buttocks; but, fortunately, there was no fracture of the skull. I had no appliances but pure cold water, and no instruments but a common sewing needle and some silk. After carefully picking, scraping, and wiping the parts with a clean rag, dipped in the mountain stream, I stitched the different parts of the skin together with numerous and close sutures, pressed up into shape the indented nasal bones, and bound up the head and face with a wet bandage. There was no other treatment but cold water and simple diet. The wound healed throughout by primary union, and, as I recently learned from the patient himself (an Edinburgh medical graduate, who lately called to thank me), with no suppuration whatever, and leaving extremely little disfigurement. Even with the advantage of a good constitution, which the patient possessed, and recent mountain training, I doubt whether the results would have been so perfect in a large town.

The open method of treatment, without any dressing at all, and allowing the wound to scab over, has been practised by some surgeons, in the hope of good results such as these. Closely allied to this plan is the dry method, with simple lint or absorbent cotton, or wood wool applications. Both methods express the surgeon's reliance upon the unaided recuperative power of the tissues and the innocuousness of the atmospheric envelope, providing only that the means employed were effectual in carrying away the decomposing discharges. But the dangers of unrestricted primary and superficial adhesion are obvi-

ously those of pent-up matter, forming subsequently deep secondary abscesses. There are also the risks of contagious affections, such as erysipelas and hospital gangrene reaching the wound.

Chief among the measures of surgical hygiene, I would place the more intimate agent, strict and absolute personal cleanliness; and in this term I include not only clean linen, towels, and sponges, and cleanliness of the patient's person, but pure hands in the dressers and nurses, as well as in the surgeon himself, pure instruments, and last, but not least, pure water. I have seen jugs of water professedly clean, after exposure in a ward for a few hours, covered with a film of dust, the composition of which largely included dried particles of living protoplasm which had floated in the air. The origin of this, no doubt, was from the shaking of bed-clothes, dusting of furniture, and from ledges and crevices in the walls and flooring. It must have contained, sometimes, particles of infective secretions. With the water, this witch-broth is often conveyed to the surface and sinuses of an absorbing wound, with the usual disastrous results. The same effect would result from the use of impure lint, wool, and vessels used for the dressings. To insure against this, some surgeons have used the spray-distributor, with simple water as the agent of purity. But this water, itself supposed to be pure, may carry the infective matter. The same remarks may be applied to the use of cotton or other wool, exposed for a time to the air of the ward before using. When this is freely applied and kept on (in the belief that it will absorb the discharges) for several days, the mischief is manifestly intensified.

The care and foresight required to obviate these lurking dangers are so great, and the precautions required to prevent them are so minute, that the use of other antiseptic applications are, in my opinion, imperative, to defend effectually every unguarded avenue to the citadel of life, whose unaided garrison may not be a sufficient defence against the enemy.

A well known provincial surgeon, who is said to use no antiseptic measures beyond extreme cleanliness, scalds all the sponges he uses with boiling water, using fresh sponges for every case. Other ovariotomists, remarkable for their success, simply soak the new sponges well, in 1 in 20 solution of carbolic acid, and wash their hands and instruments in the same. Dossils of antiseptic carbolic gauze are sometimes used instead of sponges, and burnt directly after using.

These precautions of extreme cleanliness, have, among the London surgeons, been supplemented by the use of carbolic acid and other antiseptics, ever since Pasteur wrote in 1860, on germs in the air, and Lemaire in 1863 on the use of phenic acid. In all this it is manifest that the training and intelligence of surgeons, dressers, and nurses, have almost as much influence on the progress of the case as those of the operator himself, and a great deal of the vastly increased success of cases in late years must, in fairness, be attributed to these sources. But it is not always that the operator can command this able assistance. Then he must do as best he can, with imperfect help, and often with imperfect appliances. And it is in these cases that a simple and yet effective mode of proceeding becomes highly valuable, and passes into general use for all cases.

The proper application of drainage has, in my experience, prevented many of the disastrous results, such as tension, abscesses, and burrowing of matter, which formerly were common in hospital wards. Chassaignac's rubber tubes seem to me to supply all that is needed for this purpose. Less perfect substitutes are found in rolls of oiled silk, gauze, or bundles of horse-hair, and softened fowl's bones. The drainage openings left by the operation should be placed as far as possible at the most dependent point, in the position in which the patient is placed after operation, and it is best to have two or three of these arranged for alternating or changing positions. They should also be placed as far as possible remote from contaminating matters, and from the mucous outlets of the body. The packing of gauze or wool should be accumulated more thickly at and around the drain-openings. If old sinuses be included, they should be well scraped with a sharp spoon, and cleansed thoroughly with a strong solution of chloride of zinc, or sulphate of copper lotion. I have been accustomed so to arrange the incisions as to include such sinuses, and open them freely up, without regard to the lines of incision usually made for the operation. Absolute cleanliness is, of course, more imperative in cases in which antiseptics are not used, and frequent dressing and careful syringing are required in all cases in which excretory orifices are concerned in the operation. In small and superficial wounds, these precautions are less imperative, and frequently drainage is disregarded successfully, even in cases where serous cavities are implicated. In such operations, however, more constant watchfulness for possible tension and retention of discharges is required.

In default of pure air, careful hygiene, and

absolute cleanliness, can we assist Nature in resisting suppuration, putrefaction, and their concomitant dangers, by the use of antiseptics, or prevent these accidents from occurring, in the way of prophylaxis, or remove them if already present?

To prevent misconception, I should state that I employ the term antiseptic to mean the local use of applications calculated to prevent suppuration and putrefaction, and to promote quick healing. By the term aseptic I mean a condition of wound and dressings absolutely free from these changes, whether or not micrococci be found in the outer portion of the dressings, for these can be rendered innocuous by the application of antiseptics superficially. I believe that I am right in asserting that the opinion of a great majority of surgeons at the present time is, that the safeguards against blood-poisoning may be much increased by the local use of antiseptics, and that the question of the hour is what is the best, most powerful, least irritating, and most convenient and economical antiseptic for general use? A great number have been tried, and many have been found wanting in one or other of these requirements. In many, there is little positive certainty that they aid the vital inhibitory force, or diminish the antagonistic agencies, which vary in almost every case.

After the publication of Lemaire's work on the use of phenic acid, in 1863, this substance was employed by many surgeons (the late Mr. Callender among them) in the form of carbolized oil, and by Sir Joseph Lister as carbolized putty, in cases of compound fracture. Although this substance fulfilled the requirements of cheapness and general usefulness, its absolute microbicide and antiseptic power is comparatively small, namely, one in thirty-one (Miquel). It was soon found to be irritating to the tissues, and apt to produce carbolic poisoning. Although the limits of dilution and efficiency had been sketched out by Lister (one in twenty to one in forty), patients vary so very much in susceptibility, that both they and their surgeons often experienced the penalty of exceeding the limits. Its volatility, while rendering it more efficient in the deeper recesses and sinuses of a wound, caused it to lose a good deal of its efficacy superficially, by its want of persistence and staying power. This was partly, but not entirely, overcome by Lister's gauze, which, again, was expensive and uncertain.

Chloride of zinc, in the form of Burnett's fluid, had been used long before this at the Middlesex Hospital by the late Mr. De Morgan, to destroy cancer-germs in wounds; and it was found, when applied strong, in a saturated solution, to be a good antiseptic. Its microbicide power, however, is not so great as many other substances, namely, one in fifty-two. In combination with solution of carbolic acid, I, with many others, found, and and still find it a valuable application to sweeten, and to keep sweet, wounds.

The sulphates of copper, iron, and zinc had been long used for what was called their detergent properties, which, I take it, meant nearly the same thing as antiseptic. The former two of these salts have an effective microbicide power of one in one hundred; that is to say, they destroy microbes when diluted to that extent, which is twice the dilution of carbolic acid nearly.

Iodine has a still greater antiseptic power (as high as one in four hundred), and has been used by Messrs. Savory and Bryant in solution as a wash to recent wounds with good effect, in the proportion of 1 in 1,000. To stop the putrefactive process when once formed, Mr. Savory uses it in the proportion of a dram of the tincture to half a pint of distilled water. As a sedative as well as antiseptic dry dressing, its compound, iodoform, has been found very useful.

Condy's fluid, or permanganate of potash, with an antiseptic power less than, though nearly approaching to, that of carbolic acid, is inconvenient, from the discoloration which it causes. Like alum, boracic acid, and salicylic acid and its salts, the antiseptic power is not sufficient to make it a reliable application where sepsis is already present. Nearly all these substances, when more or less strong solutions are used, have the drawback of blunting and corroding the instruments used in operating and dressing, except boracic and salicylic acids.

In the choice of an antiseptic agent, it must be borne in mind that a much weaker solution suffices to prevent putrefaction than to destroy it when it has once commenced, and that the potentiality of antisepsis may be modified by any sort of dilution to any extent; so that, the greater the power of a given antiseptic, the more generally useful, and the more economical it is, within the limits of its market price and its supply.

Solubility, a degree of volatility, no irritative property when applied to the living tissues, and no effect upon the system by absorption, seem to be the criteria of a good antiseptic. Some antiseptic applications combine the advantages of absorbent dry dressings. This gives to the treatment by salicylic wool, sanitas, wood-wool, etc., a preference with many surgeons. These substances pos-

sess also the advantage of close and comfortable packing; so that, although not highly antiseptic, they exclude the air, absorb the discharges, and so prevent the beginnings of putrefaction, and keep the wound aseptic for a greater or less time, according to the amount of discharge. Salicylic wool is a very convenient dressing, and is at present much used. Eucalyptol, at first much lauded, has not fulfilled the expectations of practical surgeons, and is now dropping out of use. In default of more powerful remedies, the compound tincture of benzoin (Friars' balsam) is a good primary application to slight wounds, excluding the air, and antiseptic to a considerable degree. A good deal of the power of these and other aromatic substances of the like kind has been lost by partial and imperfect modes of application.

The introduction by Sir Joseph Lister of the carbolic spray, by means of Siegel's spray producer, and its combination with the carbolic gauze and the judicious use of Chassaignac's drainage tubes, improved the results of antiseptic surgery, especially in the treatment of compound fractures, and large spinal and other abscesses. The good effect of this combination, and the greater attention to the cleansing and surgical purification to which it led in the continental hospitals, was plainly shown in the vastly decreased mortality in the practice of Volkman and Nussbaum in Germany. It led, also, to greater care in all the details of hygiene; and in this way, in no small degree, effected this beneficial change.

In large towns, and in crowded, poverty-stricken districts, the free use of antiseptics is rendered more imperative by the lowered vitality and dirty habits of the patient as well as by the depressing effects of impure air. Accidents happen, and operations must continue to be needed, even in these unhealthy circumstances. And here I think the carbolized spray is useful to purify the air, and clothing, etc., which it does to a considerable degree; and the experience recorded by Mr. T. Holmes, at Wimbledon, shows that even pure air, great cleanliness and favorable surroundings, do not entirely prevent erysipelas and pyemia from being carried by infection.

[TO BE CONTINUED.]

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

Stated meeting held Saturday, January 2d, 1886, the President, Dr. Atwood in the chair.

Under the reports of officers, Dr. Hurt, the treasurer, reported that the cash on hand amounted to $1,015.75. The current expenses for the year amounted to $344.10, leaving a balance on hand of $671.65, in which Butchers' and Drovers' Bank scrip to the amount of $200, and a 4 per cent U. S. bond for $100 are included.

The annual election resulted as follows:
President, Dr. E. H. Gregory.
Vice President, Dr. L. Bremer.
Treasurer, Dr. G. Hurt.
Rec. Secretary, Dr. F. D. Mooney.
Cor. Secretary, Dr. E. A. Chancellor.

CORRESPONDENCE.

NEW YORK LETTER.

NEW YORK, January 2, 1886.

Editor Review: The new year opens without any startling episodes of professional interest. The hydrophobia scare is regarded as an object of suspicion. The Newark children are shortly to return home and will doubtless become quite juvenile lions. There is a hesitation in the minds of many of our leading medical men to accept the Pasteur enthusiasm though they recognize the value and legitimacy of the work of the eminent Savant. For the cases of the Newark children to prove anything decisive three conditions must be met; first, that the children bitten and not inoculated shall have hydrophobia; second, that those bitten by the same animals and inoculated by Pasteur shall escape the disease; third, that it shall be first of all proven that the dogs concerned, themselves had rabies. The Newark physicians had presence of mind enough to order the dogs locked up and they are now being closely watched.

At a recent meeting of the Pathological Society a very interesting specimen was presented by Dr. H. J. Boldt in behalf of a candidate. The specimen was referred for examination to Dr. Prudden and he reported it to be a case of cystic kidneys with large bilateral perinephritic cysts.

The patient, a woman, æt. 47, corpulent, sallow, had complained of uterine hemorrhages for over a year. About three months before death, edema of the legs and abdominal pain had supervened. The vagina was contracted and the cervix very hard. The hemorrhages had ceased and the local disease was diagnosed as scirrhous carcinoma. Urine contained no albumen, but was not examined microscopically. The abdominal pain continued, especially severe in the right hypochondriac region; dyspnea, slight ascites and abdominal anasarca were also present; liver dullness apparently felt way down to umbilicus.

At the autopsy the liver was sma and pushed upward by a tumor below—adherent to the mesentery and small gut—and apparently cystic. It held bloody fluid with floceuli of lymph in suspension. This sac held the kidney. A similar mass was found on the left side. The ureters on both sides were much dilated. The cyst walls were made up of dense connective tissue with some fat. Their inner surfaces had no definite cellular lining, but were coated uniformly with a thick layer of fibrine. Both kidneys contained small cysts which were filled with gelatinous material. In some cases these cysts seemed to be mere tubular dilatations. There was a variable increase of the interstitial tissue, but the condition of the specimen did not warrant any positive statements as to the exact condition of the tnbular epithelium though it seemed to be swollen.

Dr. Prudden regarded the specimen as quite unique. He had been unable to find any similar recorded case. He thought that the case had originally been one of cystic kidneys with chronic diffuse nephritis; that while some of the cysts had remained in the kidneys, others had enlarged, insinuated themselves between the layers of the kidney capsule and so worked their way through and outside of the organ, thus forming the enclosing sacs.

It is rumored that the Pathological Society is shortly to come into the possession of funds which will enable it to found a lectureship. No official announcements have yet been made concerning the matter.

Among recent acts of the New York Academy of Medicine, has been the appointment of a committee to investigate and report upon the prevalence of granular lids among the inmates of the various juvenile institutions of the city. Nearly all of the ophthalmologists have assisted in the work, which has also been assisted by the Board of Health. Through the courtesy of Dr. Wm. F. Mittendorf, one of the committee, your correspondent is enabled to state some of the results found in examining the inmates of the Catholic Protectory, a reformatory institution to which juvenile offenders are committed by order of the courts. Dr. Mittendorf examined 1323 boys and 814 girls; total 2137. Out of this number, no less than 871, or about forty-one per cent, had granular lids. In the chair making department, a close room with low ceiling and poor ventilation, out of 123 examined seventy-six, or fifty-eight per cent were sufferers. Among the younger boys who simply attend school, thirty-six per cent suffered; of the older boys, who, in addition to school, engage in some trade, forty-three per cent; of the older girls, forty-six per cent; of the younger girls, thirty-four per cent. The disease was in general more severe in the girls than in the boys. In the embroidery department, where the eyes are subjected to a considerable strain, eleven out of seventeen had the disease; in the kid-glove room, fifty-one out of ninety-five. The disease has been endemic in the Protectory for ten or twelve years and was brought there, the mangers assert, by some children who were transferred from one of the city institutions on Randall's Island. The Protectory is excellently managed in hygienic respects, each child having its own towel and being obliged to wash in running water; else, Dr. Mittendorf thinks, there would not be a single inmate with sound eyes. Upon the evidence of this and similar investigations will be based an appeal to the legislature to enact laws requiring every child to have its eyes examined before entering an institution. J. E. N.

ITEMS.

—Dr. Austin Flint, of New York, is to deliver the address on medicine at the next meeting of the British Association, at Brighton.

—Dr. Squibb has discontinued his publication, "An Ephemeris of Materia Medica, Pharmacy, Therapeutics and Collateral Information."

—A case of linear atrophy of the skin is reported by Dr. R. W. Taylor, of the Charity Hospital, New York, in the New York Medical Journal.

—Our Eastern exchanges are still mourning over the hap-hazardous chances of the International Medical Congress. Compromise is the watch-word.

—For chilblains the local use of a mixture of sulphur one ounce to a quart of water, is recommended. The lotion should be used twice a day. for ten minutes at a time.

—In an address delivered at the opening of the Atlanta Medical College, by J. Donald Wilson, he says: "I would say to you young men who have come here to pursue a course of studies, endeavor from the beginning to cultivate habits of analysis and reasoning rather than that of memorizing; but if you find, as you surely will find, that part of your work must be done by the memory, let this part of it be done with definiteness and exactitude. Do not fall into slovenly habits of any kind. And if you ask me for a motto to write over your door, now in the beginning of your career as students, take these words of Confucius: 'What we know, to know that we know it; what we do not know, to know that we do not know it; this is knowledge.'"

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PLASMODIUM MALARIÆ.

In Friedlaender's Fortschritte der Medicin is contained an original article by Prof. Marchiafava and Dr. Celli, of Rome, describing the results of their studies on the nature of malaria. Their work was conducted for six weeks in the most dreaded section of the Roman Campagna. As a result, something truly wonderful has been found, namely, a micro-organism that is situated within the red blood corpuscles and there leads a parasitical life. This relation to the red bloodcorpuscles is an absolute novelty, the micro-organisms that have been so far described in the blood being suspended in the plasma. The researches of the gentlemen named dispose of the bacillus of malaria described by Klebs and Tommasi-Crudeli.

The article is illustrated with cuts showing the changes in form that the plasmodia undergo. The action of quinine has been found to be that of immobilizing the parasite, which then is cast off by the corpuscle it infected.

RESECTION OF GOITRE.

S. Mikulicz, of Krakow, proposes a new mode of operation in cases of goitre that demand total removal. He discusses the subject at length in the Centralblatt fuer Chirurgie. In regard to the so-called cachexia strumipriva that followed total removal in cases reported by Kocher, Reverdin, Juilliard, Baumgaertner, Bruno and Gussenbaur, he is of the opinion that the causal relationship of total removal to the cachexia is an unsettled question. However, there are thirty-six such cases now on record, and the development of the cachexia is a danger that is to be borne in mind when total removal is contemplated.

Mikulicz refers to other grave disturbances that follow total removal of the thyroid gland. Such an one is tetany, of which Weiss reported thirteen cases, and which Mikulicz himself observed in four cases out of seven total removals executed by him. Tetany caused death in three cases, and in all other cases was a most obstinate and troublesome neurosis.

Another consequence of total removal that has not yet been reported is epilepsy, which Mikulicz and Obalinski saw in three cases.

A fourth trouble, that, however, may also ensue after partial operations, is paralysis of the muscles of the larynx.

All these considerations should cause hesitation and led Mikulicz to depart from the method of total removal of the whole or of half the gland. In eight cases up to date he successfully practiced what he calls "resection."

The method in brief is as follows: The gland is isolated as usual by blunt manipulation, and all bleeding points ligated; the superior thyroid artery and vein are tied, also the superficial branches that run to the lower portions of the tumor. After separation of the attachments to the trachea, taking care not to go down too deep and come upon the recurrent laryngeal nerve, the whole mass hangs by a pedicle at that point between trachea and esophagus that corresponds to the recurrent laryngeal nerve and inferior thyroid artery.

This pedicle is then treated like a short thick ovarian pedicle. An assistant compresses the vessels of the "pedicle," and by successive strokes of the scissors the tissue is divided and caught up by hemostatic forceps. The several parts into which the ped-

icle has been split are then tied firmly with catgut and the isolated mass is cut off. Mikulicz states that the hemostatic forceps squeeze out all the parenchyma in the pedicle so that the stump consists of nothing but the vessels and connective tissue stroma. Therefore there is no danger about the ligatures holding safely. The remnant of the gland that is so left becomes contracted, and there is no trouble about the healing of the wound. In all the cases the voice was unimpaired. The relief of the respiration was complete. The general health of the patients was excellent.

Abortive Treatment of Gonorrhea.

In the Monatsschrift fuer Practische Dermatologie, the results of abortive treatment by means of resorcin in one hundred and eight cases is given. A. J. Munnich, the reporter says that he employs in fresh cases a three per cent solution of resorcin, and orders injections of such a solution to be made every two hours during the day and at least twice at night, a syringeful each time. The patients are directed to drink freely of milk and water, and urine is to be voided, if possible, before each injection. After four or five days the discharge is usually much diminished, and then three or four injections by day and one by night suffice. Munnich claims sixty-seven complete successes of the whole number so treated. The average duration of the treatment was two weeks. The resorcin should be chemically pure and the solution kept in a dark vial.

The Latest Antiseptic Agent.

Carbon disulphide is one of the latest recommendations for antisepsis. It appears that Ckiandi Bey first reported on its efficacy in this direction at the Academy of Sciences, Paris. He finds that the agent $C S_2$ is soluble in water, if energetically shaken in the proportion of a half gram to one liter of water.

The weak solution, he found, was able to arrest fermentation.

Dujardin-Beaumetz employed aqueous solutions of $C S_2$ in typhoid fever, and states that the diarrhea was checked and the dejecta were disinfected. Pasteur, too, adds his testimony in support of the antiseptic virtues of the drug.

According to Scheller the remedy is of especial applicability in dental surgery.

Antipyrine in Tuberculosis.

Rollet states in Lyon Medical that antipyrine, in cases of tuberculosis should not be given in doses exceeding 0.5 gram, 7½ grains. In the latter stages of phthisis no benefit at all results from its use. Only the earlier stages, when the fever is the chief symptom, are amenable to favorable impression.

Resorcin and Erysipelas.

Kaegler, Deutsche militairaerztl. Zeitschrift, recommends one part of resorcin to four parts of vaseline as an ointment, to be topically employed in erysipelas. The ointment is to be gently rubbed into the skin and cotton batting applied. The erysipelatous redness vanishes after thirty six hours.

Recovery from Malignant Pustule.—Dr. W. E. Buck records this case (Brit. Med. Jour., Canada Lancet): Mr. F——, aged 31, a veterinary surgeon, experienced on October 6th a stinging sensation at the back of the right wrist. A small bleb was formed, which he scratched off, aud there was some tenderness of the elbow and armpit. He had a slight rigor. On October 8th he was seen by Dr. Meadows, who prescribed some salicylate of soda and tincture of aconite in frequent doses, as his temperature was 104°, and the rigors continued almost the whole of the day. A black eschar began to form on the afternoon of the 8th, and on the 9th it became about the size of a sixpence; its base was red and edematous, and surrounded by some vesicles in a circular shape. The temperature was

nearly 104°; the patient felt cold, and the tongue was foul. I visited the case with Dr. Meadows, and we injected pure carbolic acid under the eschar, using an ordinary hypodermic syringe. Unfortunately we could only introduce a small quantity, as it oozed out in the withdrawal of the syringe, and with it a serous looking fluid. I dried some of this fluid on a cover-glass, stained it with methyl-violet, and found the well-known bacilli of anthrax. We prescribed large and frequent doses of soda-hyposulphite, and ordered also a large quantity of meat. Under this treatment he rapidly improved. On October 12th we again injected carbolic acid. The temperature came down, and, as the patient said he felt all right, the hyposulphite of soda was reduced to three times a day. The eschar did not finally separate for nearly six weeks, and the ulcer then soon healed. I believe that the main remedy in this case was the injection of pure carbolic acid, a mode of treatment which does not seem very painful. There was a clear history of the disease, which was contracted exactly twelve days before its first appearance, Mr. F—— having examined the flesh of an animal that had died from anthrax.

Excision of the Hip.—Dr. Wm. Alexander, of Liverpool, closes an interesting paper on excision of the hip, in the Med. and Chirurg. Journal, as follows: (Canada Lancet).

1. That hip disease should, in the earlier stages, be treated by that absolute and perfect rest obtained by means of Thomas' splint.

2. That this treatment, thoroughly and persistently carried out for a long period, will cure a large percentage of joint diseases.

3. Unfortunately this treatment cannot and is not persistently carried out amongst the poor.

4. Many of these patients could be saved by excising the joint when a decided second stage of hip disease has been reached. Excision is best performed by severing the femur above the trochanter, clearing out the acetabulum, and maintaining the opposing bones so far apart that their surfaces can resume a healthy condition and the aperture be filled up with fibrous tissue. By this means an excellent false joint is formed, or if the adhesions become too firm, a good stiff joint.

5. That the advent of the stage of this disease suitable for excision is indicated by repeated formation of abscesses around the joints.

6. That when the supra-trochanteric mode of excision cannot be performed with any chance of success; then the alternative is either continued expectancy or amputation.

7. That it is a great mistake to imagine that all softened bone or infiltrated tissue should be cleared away by the operator. All he has got to do is to clear a space, where the operations of nature, in dealing with diseased or disabled tissues, can be carried out as easily and expeditiously as possible. The operator should remove all manifestly dead tissue, but the doubtful should be left alone to be dealt with by nature.

Local Treatment in Phthisis and Chronic Bronchitis.—The Deutsche Archiv fur klinische Medicin is abstracted by the Practitioner: Encouraged by the success of his local treatment of tuberculosis occurring in the larynx, Reichert has adopted a similar method of treatment for the lung, the direct injection namely of various fluids into the lung through the larynx. Having tried various antiseptics, including thymol, menthol, eucalyptus oil, and salicylic acid, he has found that the solution which gives him the best results is one containing 1-2 grammes (15-30 grs.) of salicylic acid dissolved in 3-6 grammes (1-1½ drs.) of ol. menth. pip. and diluted up to 200 ccm. (7 oz.) with distilled water. He convinced himself by experiment that fluids injected skillfully through the larynx did really in part pass into the smaller bronchi of the lung. The best proof of this, however, was given in the sensations of the patient himself after a successful injection; a slight burning feeling was experienced in the chest, often most marked in the side of the lung most affected, but lasting only for a few minutes. A slight dyspnea is also felt for a short time afterwards, and sometimes for an

hour or half an hour a certain tenderness is left behind. He has never observed the slightest evil effects which could be ascribed to these injections. He considers that the mucous membrane of the bronchi is distinctly less sensitive to the application of external reagents than is generally supposed—indeed to some reagents less sensitive even than that of the nose or pharynx. The stimulating effect the injections have on the mucous membrane of the bronchi he thinks advantageous—some of the worst cases of laryngeal affections, and the most rapidly fatal cases of phthisis he has seen, having occurred in those in whom all manner of stimulation was carefully avoided, both as to speaking and coughing. Nor is the danger of hemoptysis apparently increased; he has used the injections even in the presence of hemoptysis, with the result of arresting the bleeding, the blood afterwards coughed up being in the form of small coagulated lumps. He has carried out his plan of treatment in sixty cases, always with uniform good result, and with the willing consent of the patients. The injection is made daily, the above quantity being injected at one sitting. It is best carried out during quiet breathing, and preferably towards the end of expiration, when with the inspiration that immediately follows there is less chance of the fluid being altogether coughed up. The injection should be made as deep into the trachea as possible. The cases most suitable for this treatment are those with catarrh of the apices with slight consolidation and chronic bronchitis; it can also be used during the middle stages of phthisis, but is not suitable for advanced phthisis, nor during acute exacerbations of slowly advancing phthisis. The duration of treatment was generally from one to four months. The modus operandi of the injections he considers to be first of all the removal of the secretions by the powerful coughing movements induced, and also the healthy stimulating effect the fluid has on the bronchial mucous membrane. In addition the fluid has a certain disinfecting power not only on the parts with which it is in contact, but also through the vapor which under the body-temperature is given off, on the more distal parts of the lung.

Treatment of Croup with Muriate of Pilocarpine.—Charles Ultes, M. D., Lansing, Mich., communicates the following to the Therapeutic Gazette (American Practitioner):

I have treated in all five cases of the membranous variety, four cases of mild or night croup, and three cases of diphtheritic croup (laryngeal stenosis), all of which recovered, with the exception of one, the child being attacked the two previous nights, playing during the day. On the morning of the third night I was called and found the child in a condition in which neither tracheotomy nor pilocarpine would be effective; the child died with convulsions two hours after my arrival.

In severe cases it sometimes takes from four to five days until the severe symptoms are passed. The medicine must be used vigorously until relief is obtained.

When the bronchial tubes are filled up, and cyanosis and choking sensations prevail, a dose of syrup or the powder of ipecac should be used to throw off the partially dissolved membrane and accumulated phlegm. The nausea caused by the ipecac passes off as soon as the vomiting is over, leaving no debility whatever.

It is astonishing what large doses of ipecac may be taken sometimes by children without producing emesis.

The dose of muriate of pilocarpine is from one-fifteenth to one-sixth of a grain, rubbed up in sugar of milk, according to the age and susceptibility, one tenth of a grain being the average. It is probable that the hypodermic method would act quicker and more energetically, but I am well satisfied with the effects obtained when given by the mouth; but I should not hesitate at all to use it hypodermically in desperate cases, mainly with convulsions.

Sweating is not very excessive, even when large doses are administered, and I never saw a case of croup in which the medicine produced any flow of saliva, such as we are accustomed to see in adults. In mild cases, or

cases of night croup, mainly in cases of second or third attack, the effect of the pilocarpine (one-tenth of a grain) is a sweeping one; a few powders in hourly doses will act like a charm, allaying cough and discomfort, producing rest and sleep.

Diphtheritic croup (laryngeal stenosis) should be treated like any other case of diphtheria, only pilocarpine added to it. In my three cases, to avoid sepsis I used calcium sulphide, one-tenth of a grain, every three hours, in conjunction with pilocarpine. But in this variety I think the pilocarpine only acted as an auxiliary, as former cases treated with pilocarpine alone died.

I do not want to be understood that pilocarpine is the only agent in croup to be relied upon; on the contrary, we must treat the symptoms and meet the complications to obtain the best of results.

When the action of the heart becomes weak, as it frequently does, whisky or brandy are indispensable, either diluted in sweetened water, or in the form of milk-punch, etc. Milk is the main diet in croup, and should be given ad libitum.

When the temperature is elevated, open the bowels with a few small doses of calomel and prescribe the following:

℞. Acid. salicylic., - - ʒii;
Sodii bicarbon., - - - ʒi;
Glycerinæ, - - - ℥i;
Aquæ, q. s. ad., - - - ℥iv. M.

S. Take one teaspoonful every two or three hours.

If the urine is high colored and scalding on passing, a little nitrate and chlorate of potassium added will relieve these symptoms promptly.

In some cases I tried the extract of jaborandi, but I never obtained such decisive effects as I did with pilocarpine. I am quite confident that if the muriate of pilocarpine is used in this disease, as stated above, loss of life will be cut down to a minimum.

Cativi.—We note in the New York Medical Record: Under this title, Dr. Luis Lazo Amága, of Guatemala, describes an affection of the skin, occurring in Honduras, which is characterized by spots of different colors disseminated over the entire body but occurring in closer aggregations in certain localities. He writes: "There are two kinds of cativí: one which is accompanied by pruritus and abundant desquamation, and another which wants these qualities, although sometimes we observe a slight pruritus without desquamation.

"The sick present no other symptoms than those enumerated. They exercise their functions just as in a state of health, and the skin, apart from its discloration and its scurfy desquamation, presents no signs of inflammation.

"The color of the spots varies much, depending in a great part upon the color of the skin, since the whites have many red, black, and blue spots, while the negroes have white and blue ones commonly. At times but a single color is observed, but usually there are several, and from the appearance thus caused those suffering from this affection are called by the natives pintados (painted) or manchados (spotted).

The cativí is a very contagious disease, as I had occasion to observe in an individual who apparently acquired it from having bathed in a river in company with a manchados. On an estate of mine, situated in the Department of Olancho, in the Republic of Honduras, the laborers who are not manchados avoid making use of the agricultural implements which the manchados have handled, because they assure me that the disease was transmitted in this manner.

"What I was able to notice in my sojourn in that place was that the scaly cativí is more easily transmitted than the smooth kind, and that the first appears in children almost from birth (indeed it is said to be sometimes congenital), while the second does not develop itself before seven years.

"The disease may be hereditary, particularly the scaly kind, although some children of the manchados do not have it; and I have seen families in which the father and some of

the children were suffering from it, while the mother and the others were not.

"I am led to believe, from repeated microscopical examinations, that the scaly form of cativí is of parasitic origin, but the smooth variety shows nothing to indicate the presence of a fungus or of any low form of animal life such as is found, for example, in scabies. The cause of the disease is unknown; some attribute its origin to the action of the water or to the bites of insects, but my own observations lead me to reject these theories of the etiology of the cativí. It is a somewhat curious fact that, in spite of the repugnant aspect of the disease, its subjects do not appear to suffer mentally from their affliction, nor do they shun intercourse with healthy persons.

"No curative method, based upon observation, can be established, because the manchados never seek the advice of a physician. The only case of medical cure which I have seen was that of the man, before mentioned, who acquired his disease while bathing, and to whom remedies were given as soon as the first spot appeared. Only five spots were developed, and thanks to an external mercurial treatment, continued for some time, they disappeared, leaving only a slight discloration of the skin at the points where they were situated.

"I believe that the disease is always curable, and this view is also held by the leading physician in Honduras, Dr. Gamero, whom I once asked if the cativi could be cured. 'When the sick wish they can heal themselves,' he answered, 'but generally they do not wish it; if men, because it exempts them from the military service; if women, because they do not need to.'"

Dielectrolysis.—The New York Medical Journal writes respecting this new plan in therapeutics:

We spoke somewhat hopefully of a plan of "interstitial medication" proposed by Dr. Brondel, of Algiers, and by him called "dielectrolysis," being, as some of our readers will remember, nothing else than forcing the passage of one of the constituents of an electrolyzable compound through the tissues of the body. The apparent advantages were that the process was rapid and in every way unobjectionable and that the remedial agent would necessarily be in a nascent state at the time of its penetrating the skin, and therefore probably endowed with greater activity than under ordinary circumstances. The idea was indeed captivating, but facts were at once brought forward tending to show that in its practical application it was little if at all superior to the usual methods of medication.

Notwithstanding those adverse and somewhat disheartening facts, however, we suggested that the scheme should not be utterly discarded without further trial, and recently a contribution has been made to the elucidation of the subject that seems worthy of mention—a Montpellier inaugural thesis, entitled "De l'introduction des substances médicamenteuses a travers la peau saine," by Dr. A. Lauret (or Sauret, for the name is differently spelled by our various French contemporaries). Concerning this publication, which was deposited with the secretary of the Montpellier faculty last July, Dr. Bardet writes, in a letter to the editor of the "Bulletin général de thérapeutique," that the author published a preliminary note on the subject in 1883, and that he accords to him priority in having proved the impossibility of dielectrolysis, but adds that he cannot agree with him in admitting that the action of the galvanic current favors the osmotic penetration of medicinal solutions into the system. M. Lauret acknowledges, the writer goes on to say, that the amount so introduced never equals the therapeutical dose, but he adds that the exceedingly small mass of material upon which he was able to act may account for this, and it will be well to wait before definitely accepting M. Lauret's conclusion upon this point. Finally, he says, M. Lauret's experiments have been made with extreme care and rare conscientiousness.

The "Gazette hebdomadaire de médecine et de chirurgie" takes the matter up editorially, and remarks that, while M. Lauret's results

thus far are not very eucouraglng, they at least warrant our still clinging to the hope of accomplishing something with the method. If, for example, says our contemporary, a local bath of an iodized solution is used, without the electrical current, it is impossible to detect the presence of iodine in the urine; but, if the same bath is used in conjunction with electriza tion, the negative electrode being placed in the vessel in which the forearm, for instance, is immersed, and the positive applied to the shoulder, the absorption of iodine is no longer doubtful, as is clearly shown by analysis of the urine. This is something gained, says the "Gazette," although it is far from a transfer of a medicinal substance through the person from pole to pole. The fact that it is not compounds that can thus be made to penetrate the skin, but simply one of the elements of an electrolyzable body, may be a disadvantage, and the number of bodies that are available is quite restricted; nevertheless, the method allows of a special localization of the medicinal action, while at the same time the electrical current quickens the nutritive functions of the part.

Germain Sée on Alimentation.—The Medical and Surgical Reporter writes: The Paris correspondent of the Lancet says that Professor Germain Sée, in opening his course of clinical lectures for the winter session, selected for his subject "Alimentation," or dietetics. He divided the subject into two parts—first, the dietetics of man in health; secondly, the dietetics of man in disease. The latter he would term "alimentary therapeutics." He began by defining an aliment as a substance containing the elements capable of repairing the waste of the tissues of the body, which is going on incessantly, as well as for the removal of the force and heat, which are also incessantly expended in the performance of the various functions of the organism. This led to the consideration of what the professor termed physiological diet, which consists of from 125 to 135 grms. of nitrogenous principles, obtainable from 250 to 300 grms. of muscle or of albuminates, from 84 to 100 grms. of fat, which is the combustible principle of the economy, plus 250 grms. of carbo-hydrates furnished by 300 to 400 grms. of farinaceous substances or of sugar, without counting water, which favors the organic changes, as well as the mineral elements, which enter into the composition of all the liquids and tissues of the body; finally, oxygen, which is the burning principle, destined to revivify without cessation the corporal tissues. In anticipation of entering more fully into the composition of what should be the daily ration of a man in health, the professor would say, in general terms, that although great vegetables contain nothing nutritive, yet they have their utility, and must not be discarded, being a necessary element in the daily rations. Gelatine is another substance that has been greatly misrepresented because the rôle it plays in the process of nutrition has not been properly understood. Magendie, and other physiologists of his time, after having experimented with it for ten years, came to the conclusion that gelatine was of no utility whatever in the economy—that is to say, as food. Other physiologists have proved that gelatine, gelatinous bouillons, peptones, etc., contribute to the maintenance of the forces of the organism, in economizing the albuminoid principles, without its being itself transformed into fat. In developing the subject, M. Sée explained that gelatine may be looked upon as a substance that prevents or rather retards the process of denutrition, and on that account applied it to the term of "substance d'epergne," or, as Gubler termed it, "antiderpidateur." It is, therefore, a useful additlon to our diet, not only in health, but in disease; particularly in fevers. Where the process of denutrition goes on at a rapid pace, gelatine, in the form of beef-tea or other concentrated broths, would be invaluable. Any deviation from the above principles, whether in quality or in quantity, must more or less affect the normal functions of the different organs and thus produce disease, and M. Sée parenthetically stated that the Germans were large eaters and the English great consumers

of meat, which may account for the greater prevalence of gouty affections among them. Professor Sée attaches the greatest importanc to diet in a therapeutical as well as a hygienic point of view. In the treatment of disease it is sometimes even more important than pharmaceutical preparations, as for instance, in typhoid fever, where a proper selection of food is everything, while drugs serve only a secondary purpose.

CONTRIBUTIONS.

ALLEN'S METHOD IN DISLOCATIONS OF THE HIP.

By A. F. Kinne, A. M., M. D., Ypsilanti, Mich.

In the Weekly Medical Review for Nov. 7, 1885, Dr. N. F. Schwartz, of Canal Dover, Ohio, reports a case of dislocation of the left femur upon the dorsum, accompanied by a fracture of the same bone through its upper third, which presents some features of great interest. We notice these: For reasons that will appear as we proceed, the existence of a dislocation was entirely overlooked, while treatment of the fracture was instituted and maintained for seventy-five days before the consolidation was sufficient to permit the patient to begin to bear weight upon the limb. At the end of the first thirty-nine days, during which time the dressings were "a la Gurdon Buck", a provisional callus was found at the point of fracture, "of the size of a cocoanut," and the discovery of this was accidental.

This circumstance, at least as we now look back upon it, would seem to have been sufficient to excite a suspicion in the mind of the surgeon that all was not right. Another was, that when dressings were first applied, it was found that extension and counter-extension alone, were not sufficient to bring down the distal end of the proximal fragment. It would tilt up, and it was found necessary to lay on sand bags to press it down. And also, in the same direction, when after thirty-nine days the weight-extension was discontinued, a plaster cast applied, and the patient permitted to assume a sitting posture, he was far more comfortable. For in this position of the body, the tilting fragment fell naturally into line with its fellow. The surgeon here built better than he knew, and we venture the opinion, that if this step had not been taken, he never would have succeeded in getting a bony union, hardly ever. Then notice the great length of time that was required to perfect this consolidation; and, finally, the very significant fact that whenever the two limbs were compared and carefully measured, they were always found to be of exactly the same length; a circumstance which is entirely inconsistent with the other points of the case. But Dr. Schwartz is evidently not a close thinker, and all these points as they came, one after another, to the surface, were passed by without sufficient attention.

But we should be very unwilling thus freely to criticise Dr. Schwartz, did not his report itself, afford abundant evidence that he is both a good surgeon and a shrewd man; and did we not have it in our power to show, as already premised, exactly why, upon anatomical and surgical grounds, he and other distinguished surgeons, whose patients have suffered from the same curious oversight, are excusable.

Upon the question of Dr. Schwartz's tact look at this: On the seventy-fifth day the plaster cast was replaced by a strong jacket of leather and the patient was permitted to bear some weight upon the left foot. Up to this time, as already stated, the two limbs had always been found to be of equal length. But as soon as it was put to use, the mended leg began to shorten up, a matter, of course, of profound surprise. An examination followed; the head of the femur was found upon the dorsum ilii, and the full magnitude of the appalling blunder clearly discovered. Did the surgeon thereupon proceed to show his patient the full extent of his injuries, attempt an apology for his oversight and thus open the way for the lawyers, our natural enemies, to come into the case with an action for malpractice? Not much. He quietly locked the secret up in his own breast, and so far as the patient is concerned, it reposes there still. And after a lapse of two years we find Anton W. walking comfortably, and without a cane, upon a cork heel, with a leg one and one-eighth inches too short, and warmly expressing his high appreciation of the skill with which his case had been treated! After such an exhibition as this, we need not trouble ourselves about N. F. Schwartz. He will do.

The well-known signs of a dislocation upon the dorsum are mainly these four: Shortening of the limb, inversion of the foot, adduction of the thigh, and flexion of the same upon the pelvis. In other words, with the head of the bone upon the dorsum ilii, the limb cannot be drawn down as long as its fellow; the foot cannot be freely everted, and abduc-

tion of the thigh and extension of the same upon the pelvis cannot be practiced. But if the femur is broken off high up, all these motions can be so naturally made as to make it quite possible for any surgeon, in the haste of too much business, to overlook one of the most serious complications of surgery, the coexistence of a fracture and a dislocation of the same femur. But at the same time the poorest surgeon that ever rolled a bandage can find such dislocation, if he looks for it.

The text-books are all the time several years behind the medical journals, and it is doubtless best, on the whole, that it should be so. Dr. S. J. Allen, of White River Junction, Vermont, discovered his method of procedure in dislocations of the hip in 1841, continued to practice it to the exclusion of every other method until 1877, when he published his five cases in the October number of the Ohio Medical and Surgical Reporter. I have used Dr. Allen's method in a single case, which will be found in the March number of the Detroit Lancet, 1879. And I must beg leave to refer to it here because, like Dr. Schwartz's case, it was a dislocation backwards, below the tendon of the obturator internus, and was accompanied by a fracture of the same femur through its upper third; and also because Dr. Schwartz is greatly troubled as to what he shall do in his next case of this kind, and has, evidently, never heard of Allen's method.

Allen's procedure is very simple. In his own language (op. cit. p. 387), it is described as follows:

"After the patient was fully chloroformed, the muscles being thoroughly relaxed, I stepped upon the bed, flexed the leg upon the thigh and the thigh at right angles with the body, and, placing his foot between my legs and my hand beneath the bend of his knee, I lifted the hips well from the bed, and held them immovable in that position less than half a minute, when the head of the bone returned into the socket with a sensible and audible shock."

This is not a modification of any of the methods described in the text-books; it is a new procedure. In all the Bigelow methods for the reduction of this dislocation by manipulation, if, for the sake of brevity, we may apply this term to them all, the socket is stationary, while the ball is manipulated by making free motions with the distal end of the femur. And the principal of these motions is abduction, because abduction depresses, relatively, the edge of the acetabulum; while all the other motions, the lifting or jerking upwards of Stephen Smith, the abduction, the circumduction, the rotation outwards, and so forth, of the others, are for the purpose of getting the head of the bone up over this edge into the socket. But all these manipulations depend upon the integrity of the femur; and in case the shaft of this bone is broken, cannot be practiced; and in the presence of such cases as we are here considering, the surgeon is powerless.

By Allen's method, on the other hand, no use is made of the thigh, except to draw by it directly upward; and it makes no difference, therefore, whether it is broken or not. Eversion is secured, when the surgeon takes the patient's foot between his legs and holds the leg on a line with the axis of the body; and an indirect abduction, and the requisite depression of the edge of the acetabulum are obtained when the pelvis is rotated outwards by lifting the affected side of it, and thus the head of the bone is rolled into the socket, and is pushed in moreover by the pressure of the ligaments behind it. Try it. The most skeptical of our readers has only to make trial of this method in order to find with what facility these difficult cases are managed by it.

I was called, August 21, 1878, to see Johnie M., nearly 5 years of age, who had been run over by a two-horse wagon loaded with straw. Found him lying upon a bed where they had placed him, and, both legs being well flexed upon the body, it was plain at a glance, that the left femur was shorter than its fellow by more than an inch, and a peculiar "knuckle" just above the junction of the middle with the upper third, revealed the existence also of a fracture at that point.

Was the shortening due to this fracture? A moment's examination showed that it was not. And upon taking hold of the proximal fragment, I found that the limb could be neither extended, rotated nor abducted. Its axis was directed upwards and inwards, diagonally across the front of the body, and there was also inversion.

Here, then, was both a fracture and a dislocation of the same femur. The track of the wheel across the body could be plainly seen. Lying upon his back, with his right leg extended and the left strongly flexed, it went over diagonally, from right to left, in the right groin and across the extremity of the trunk below the scrotum and penis which were very small and closely retracted. The thigh bore externally no marks of violence, and the femur would seem to have been pushed downwards and backwards out of joint and broken also, by some part of the

passing wheel impinging upon the distal end of it.

I gave chloroform therefore to the point of complete anesthesia, this, in some cases at least, being an essential requisite to the success of this method. Then passing my left hand from within outwards, under the knee of the affected limb, the head of the bone was easily drawn upwards, from the sacro-sciatic ligament, where the accident had left it, into the sciatic notch; and the displacement was then simply ischiatic, or dorsal below the tendon. The shortening was then nearly gone, and the mobility of the limb much improved. Continuing the same procedure, I then carried the thigh to a perpendicular, and, holding the leg in a line parallel with the body, made gentle extension upwards. In less then half a minute, and before I had used quite force enough to raise the little hips from the bed, the head of the bone began to glide upwards, the pelvis, at the same time, rotating outwards; and as soon as abduction enough was thus indirectly secured, it slipped into the acetabulum, with that peculiar shock, both sensible and audible, which every surgeon so well knows how to appreciate. And thus with one hand, and in less time than it takes to tell of it, I had reduced an ischiatic luxation of the hip, in a case where, the femur being in two pieces, all leverage was necessarily lost at the point of fracture.

To understand the mechanism of this maneuvre, hold your fore fingers side by side and press them together. Let the one most distant from you represent the ball of the femur held in suspension, and the other the edge of the socket. Then, as soon as the latter, which represents the pelvis, is rotated away from the former, you will notice that the point of contact changes and the former slips easily over. Or you can try it with the appropriate portions of the skeleton.

Dr. Allen's report of his method was published eight years ago. But important works on surgery, printed since that date, do not refer to it; and there must be many surgeons who, like Dr. Schwartz, have never heard of it. We must continue our reports therefore, at least until some one appears who can say he has tried this method and found it to fail. And especially must we insist if these complicated and hitherto impracticable cases, like mine and Dr. Schwartz's, can be so easily managed by it.

—The Governor of New York declares against the present State Board. He thinks one official preferable.

ANGIOMA TREATED BY CARBOLIC ACID.

BY O. E. HAVEN, M. D., EVANSTON, ILL.

The plexiform angioma or cutaneous nevus which is formed by the anastomosing tortuous capillaries which may be fed by either arterial or venous blood or by both, is frequently an unsatisfactory form of tumor to treat. The milder forms, known as "mother's marks," which consist of simple congestion of the capillaries and appear as merely red marks of various shapes, and which are likened by the imagination to various definite forms, can be removed by scarification or vaccination, or when they are slight, projecting tumors by the pressure and contraction obtained by repeated applications of collodion. But the larger angiomata which are frequently subjects of much apprehension on account of their rapid growth, must be treated either by ligature, or the external application of persulphate of iron, when sloughing occurs, or by hypodermic injections or the cautery. It is not every physician who has a galvano-cautery, and in place of this the common needle placed in a cork handle, heated in the alcohol flame and thrust into the substance of the growth will, when repeated a sufficient number of times, completely obliterate the tumor.

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The old way of treating the larger forms of angiomata by the injection of four or five drops of the persulphate of iron, commonly known as Monsel's solution, is not entirely free from danger. Although great care is taken to compress all efferent vessels when the injection is made, yet occasionally an embolus, formed from a portion of the tissues affected by the iron solution, will escape, and getting into the circulation will cause death. Such a case it was my misfortune to see only a short time ago.

Recently, I have been led to use, with very gratifying results, the method which I have seen employed very extensively in the surgical clinic of Professor Moses Gunn, of Chicago, the injection of carbolic acid and glycerine. A solution of pure glycerine and carbolic acid (95 per cent), equal parts of each, is made, and at first but five minims are injected by the hypodermic syringe into the nevus. This injection should be made once every four days, increasing the injection gradually until fifteen minims are thrown into the tumor. When this larger amount is injected, the needle should be inserted near or at the margin of the tumor, and then the handle of the syringe should be depressed until the point

of the needle is near the surface of the angioma. Now inject five minims; then partially withdraw the needle and changing the direction inject another five minims, and again this can be done in a third place, the needle having been inserted but once. The tissues can be seen to whiten under the corroding influence of the carbolic acid. By these injections there is no coagulum formed which may become an embolus, but an eschar is made, a shrinking of the tissues results and shortly, from the inflammatory action developed, a shrinking and lessening of the tumor takes place.

Surely this method of injecting hypodermically the carbolic solution, is the safest, surest and most simple operation that has yet been advanced, and the results obtained are excellent.

CLINICAL LECTURE.

ON PHTHISIS PULMONALIS.

BY JAMES K. CROOK, M. D.

Instructor in Clinical Medicine at the New York Post-Graduate Medical School (Intermediate term). Assistant Physician to the Out-Door Department of Bellevue Hospital.

Delivered at the Post-Graduate School during the Summer Session of 1885.

Lecture IV. Acute Phthisis. (Phthisis Florida or Galloping Consumption.)

We have a case this morning, gentlemen, of more than ordinary interest. It is seldom that we have an opportunity of presenting a case with such typical symptoms and physical signs as are here illustrated. Our patient is Mary B., aged 18. She has no occupation, but lives at home with her father, her mother having died of consumption. She has had no antecedent diseases that are of any significance, but has always been looked upon as being delicate and of a weak constitution. On interrogating her with reference to her present trouble we learn that she had a dry cough all the winter, which was so slight, however, as to almost escape attention and was not treated. About five weeks ago she began to grow rapidly worse. The cough increased in severity; the expectoration became profuse, purulent and blood stained; night-sweats were established; and she began to have frequent rigors and high fever. Her digestion also became bad and frequent spells of diarrhea supervened. These symptoms have continued to the present time, and this accounts for the extreme state of colliquation in which we find her. The night-sweats, hemorrhages and diarrhea have involved the loss of a large amount of corporeal substance. The patient informs us that she has lost twenty pounds in weight within a month. At first there was considerable pain in the summit of the chest on both sides, but it has almost entirely disappeared. Her pulse is at this time beating at the rate of 120 a minute; the respirations are 28 to the minute and apparently very labored. The thermometer registers 103° F. under the tongue.

It does not require a very acute observer to see that this patient is very ill. She is a far better subject for hospital than for dispensary treatment. Yet she is quite cheerful and is very averse to entering a hospital. She does not properly appreciate the gravity of her disease.

It is not difficult to make a diagnosis in this case. The history which she has given us, taken in connection with her pale face with the central flush on either cheek, the brilliant eyes, the bloodless lips, the high temperature and the great emaciation are too suggestive to admit of error. But we cannot determine the extent of the disease nor give an intelligent opinion as to the prognosis without a physical examination; this we will proceed to make with the consent of the patient. Inspection shows the usual signs of emaciation —projecting clavicles, widely separated ribs, shrunken muscles, etc. We also observe that the respiratory movements are confined chiefly to the lower part of the chest, the breathing being chiefly of the diaphragmatic instead of the superior costal type usually observed in healthy women. There are great depressions above and below both clavicles. On palpation I find the vocal fremitus exaggerated on both sides, perhaps a little more marked on the right; the skin is pungently hot. It will be unnecessary to perform mensuration as there is no apparent loss of symmetry on the two sides. Percussion in this case brings out some prominent signs on the right side. In health the apex of the lung usually extends from three to five centr. (about an inch to an inch and three-quarters) above the line of the clavicle during a full inspiration, and pulmonary resonance can be easily demonstrated in that situation by proper care. In this case, however, I am unable to find any resonance or any evidence whatever of the lung extending above the clavicle. Immediately over this bone the note is dull and the same condition prevails down to about the third intercostal space, when the percussion sound becomes rather abruptly resonant.

By laying my finger firmly below the right clavicle parallel with and between the ribs,

directing the patient to hold her mouth open, and making a sharp percussion blow, I am enabled to bring out the cracked pot resonance very demonstrably. It exists only in a circumscribed space, as large perhaps as an English walnut or a small lemon.

On the left side the percussion resonance seems to be tolerably clear; if there is any deviation from health it is too slight to be recognized. Posteriorly I find no abnormal changes in the percussion resonance except at the upper part of the right scapular region. Percussion over the scapula or within an inch of the spines of the vertebræ is usually productive of indifferent results, as it requires a very forcible percussion blow and very extensive consolidation of the lungs to cause any appreciable changes in the resonance in these regions. But, by directing the patient to extend the arms forward to about right angles with the body, folding the forearms across each other and leaning forward, the scapulæ are drawn more to the front, the posterior walls of the thorax are made tense and the examination greatly facilitated.

On applying my ear to the right infra-clavicular region it is greeted by a jargon of sounds which it seems impossible at first to analyze. On careful attention, however, these sounds may be resolved into first, large bubbling râles or gurgles; second, pleuritic crepitation and friction sounds. They completely mask the character of the respiration in this situation. We cannot determine whether the breathing is bronchial or cavernous. Probably if the gurgles and friction sounds were absent, we would be enabled to elicit both of these varieties of respiration in this region. Farther down the right side these sounds are still heard, though with lessened intensity. Ordinarily, the unaided ear is more satisfactory for pulmonary auscultation, but in a case like this the stethoscope will be found of valuable assistance. By its use I can here define, with tolerable exactness, the area in which the adventitious sounds are produced. The voice sounds, even whispers, are almost perfectly transmitted in the right infraclavicular region, amounting even to pectoriloquy. They come to the ear as distinctly as if the stethoscope were placed over the larynx.

On the left side I find an abundance of fine, crackling râles, with an occasional, coarse, crumpling pleuritic sound. The vocal resonance is exaggerated, but not so much as on the right side.

We have now obtained the history, the present symptoms and the physical signs presented by this patient. The nature of the trouble is readily apparent. Our patient has not been sick long, yet she is in the third stage of phthisis. She has that form known as phthisis florida, or "galloping" consumption, which runs its course with such fearful rapidity.

At the first blush we might mistake this trouble for an attack of acute pneumonia at the apex, as there are a number of features of resemblance between the two diseases; but the hereditary taint, the history of the case, and the well marked physical signs of excavation secure us in the diagnosis we have made of acute phthisis. This does not constitute a distinct pathological variety of pulmonary disease; it is closely allied both clinically and anatomically with other forms of them phthisis,and differs from only in duration and prognosis. The pathological changes, however, consist in this form less in the formation of miliary tubercle* than in caseous infiltration of large extents of the pulmonary tissue which observes a uniformly destructive course from the beginning. Other portions of the lung are often more or less engorged with blood, giving it an appearance not unlike the hepatization of pneumonia, while the bronchi are loaded with purulent matter. The rapid decomposition and softening of the caseous deposits soon cause ulceration and excavation. Bloodvessels are occasionally involved in the caseating process: hence the severe and sometimes fatal hemorrhages which occur.

We can readily conceive that such a course has been observed and is even now going on in this case. At any rate, we can say without hesitation that consolidation and excavation have already occurred to a considerable extent in the right lung. The gurgling râles, the transmitted voice sounds, and the cracked pot resonance plainly indicate the presence of a cavity. From the presence of the gurgles we would infer that the cavity is partially filled with fluid and that it communicates with one or more bronchial tubes below the level of the fluid; the air rushing in through the tubes throws the fluid into commotion, causing bubbles to burst on the surface. The physical signs of excavation are extremely variable. For example, the cavity which contains this fluid, may by to-morrow be completely filled with it; the gurgles would of course completely disappear under those circumstances, as would also the cracked-pot resonance. Again, the communicating bronchi may become plugged up by the secretions or

*Some authors deny the existence of miliary tubercle in the true florid type of consumption.

the products of decomposition which would also cause a disappearance of these signs. Or, the cavity may by expectoration and absorption, become completely emptied of its contents; we would then still find the cracked-pot sound, if the communicating bronchi were unobstructed, but instead of gurgles we would have cavernous or amphoric breathing. I have more than once brought a patient before the class for the purpose of demonstrating certain physical signs of excavation which had previously existed, only to find that they had disappeared altogether or were replaced by others.

By appreciating all the physical signs, however, to which a cavity may give rise, it is usually easily recognized, for some of them are nearly always present.

We may very reasonably exclude the existence of consolidation or excavation in the left lung in this case; the fine, moist râles which we find point to catarrh as the lesion which exists there. We would judge by the severe diarrhea that the alimentary tract has been invaded by the disease. There is probably enlargement, with perhaps ulceration of the solitary and agminated glands of the small intestine.

In looking for a cause for this patient's illness we are not at a loss; it may be summed up in the one word—heredity. Many eminent observers have shown that a large percentage of phthisical cases are due directly to a congenital predisposition. The prognosis in cases of this kind is almost invariably fatal. The usual course of the morbid process is, continued formation of cavities by caseation and peripheral disintegration until the lung is completely destroyed. There is a bare possibility, however, that the process may stop short of this, the patient remaining in a crippled state of health for months or years.

With reference to the treatment of this case, I shall have little to say. Nutritious diet and fresh air are to be enjoined as far as possible; out-door exercise is manifestly impossible in her present condition. The indications for the treatment of the night-sweats and hemoptysis are to be met as described in the previous cases. Expectorant mixtures are of doubtful expediency. Should the cough interfere with sleep at night, a few drops of chlorodyne or the deodorated tincture of opium may be given. The fever in this case is sufficiently high to call for an occasional sponge-bath or full doses of quinine. For sustaining the heart's action and promoting the appetite the following formula recommended by Prof. Burt will be found valuable:

℞ Ferri. redact.
Digitalis pulv.
Quin. sulph. - - - aa gr. xij.

M. F pil. 12. Dose, one pill two or three times a day. Cod-liver oil should not be prescribed until after the fever has subsided.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

Stated meeting held Saturday, January 9th, 1886.

Dr. Atwood, the retiring President, returned his thanks to the Society and adverted to the fact that this year was the semi-centennial of the society's existence, and although no member who had assisted at its inception was alive, a number were present who had been with it in its early days. He hoped to see the society grow even more rapidly in the next fifty years than it had done in the past. He felt gratified that so distinguished a gentleman as the president-elect had been chosen to fill the place, especially as this year we will be called upon to entertain the American Medical Association. He then introduced

Dr. E. H. Gregory, the president-elect, who said that his love and pride had been awakened, as well as his high appreciation of the high honor conferred. The semi-centennial of the society is a great event. Fifty years ago, Dr. Farrar was elected its first president. Since then many of its members have been conspicuous. It was this society which claimed Lane, Beaumont, McDowell, McCabe, Pallen, Pope, Engelmann, Linton, Watters, Hodgen, Kennard and Montgomery. They have bequeathed their honor to us. There is much to admire in the history of the St. Louis Medical Society, the excellence of its transactions, the exalted character of its representative men, and the enthusiasm of its working members. Here they learn to speak, to think, to teach. Here we recount our successes; here we form personal ties, securing our perpetuity by the exalted sentiments which move us as a body.

Chorea Following a Traumatism.

Dr. Lutz said that it was well known that, in connection with wounds, certain nervous phenomena at times appear, such as epilepsy, tetanus, etc. He finds a more rare nervous complication to be chorea. As an independent disease it occurs quite frequently in children. He has failed to find any mention

of chorea either as a sequela or occurring simultaneously with wounds. In the first week of December last a boy of fourteen had the ring and middle fingers of the right hand crushed by cog wheels. The amputation was completed by the speaker, iodoform applied to the wound, and the whole placed upon a splint. A week later an abscess in the flexor carpi ulnaris was opened and healed nicely. The eighteenth day after the beginning of the wound the boy was restless and unable to keep his arm quiet. Dr. Lutz suspected only a little nervousness. Two days later the symptoms of chorea were well marked. The family history is good. The boy's condition of the nervous system is one of high tension, as evidenced by his brilliancy of intellect and rapidity of motions. The question is whether the wound was the cause of the chorea or whether it occurred simultaneously. The treatment has been bromides of calcium and of sodium, lactophosphates and quinine and arsenic internally. He is steadily and rapidly improving, more so than in ordinary cases of chorea.

Dr. Dorsett reminded the members of a case Dr. Gregory reported in which an iodoform dressing produced symptoms somewhat similar to those detailed by Dr. Lutz. The speaker had seen a case in which a bite on the thumb, after being dressed with iodoform, had similar symptoms which disappeared when the iodoform was stopped. He thought the choreic trouble might be due to the dressing employed.

Dr. Lutz had thought of this, as he was one of the few who had bad success with iodoform. In one case death followed and in another well marked poisoning. He wished to say, however, that he hardly thought it caused the chorea in the case he reported, because it was used from the beginning, was used after the chorea had disappeared, and was still being applied, in spite of which the nervous trouble was disappearing. If traceable to the iodoform, it ought to have continued and been exaggerated. It is regarded by the Germans as a dangerous remedy to use in the very young or aged, and particularly so in conjunction with carbolic acid, the latter poisoning more rapidly in its presence.

Dr. Mulhall asked if the heart was examined.

Dr. Lutz stated that there was no organic or symptomatic trouble of the heart, except such acceration of action as you find in chorea.

Dr. Mulhall had asked the question because there is a known connection between chorea and trouble of the heart. Children who have had rheumatism and endocarditis and fibrinous deposits on the valves have often consequent emboli of the brain and chorea, as shown by Hughlings-Jackson, of London. He had examined cases where vegetations existed on the valves. These might exist without giving rise to a murmur. He could not see how a chorea could be explained as caused by a wound.

Dr. Porter some years ago had the privilege of assisting Dr. Hughlings-Jackson in his post-mortems. Cases where found where nothing could be detected in the brain. It is often asserted that embolism has something to do with chorea and yet he could not help thinking that some other cause acted with this. He wished to mention the fact that some French author says that out of several thousand cases he had collated, he had not found one death from chorea alone. Moreover, he said cases of chorea, as a rule, require no treatment specially directed to it, the average time of recovery being six weeks. The speaker confessed that these statements were a revelation to him.

Dr. Atwood said that whatever the pathology of the disease, there must be irritation of the motor tract of the brain; he knew that literature shows that peripheral irritation may cause chorea. Twenty years ago, to lessen this irritation, he thought it necessary to control the heart, and he did so by giving veratrum viride as a curative agent, and it never disappointed him. He gave it so as to secure its full sedative action, and invariably the choreic symptoms disappeared. He also gave iron, quinine, arsenic, etc. They were relieved in a very short time. One case he remembered where it had existed several months and was relieved in three or four days.

Dr. Dudley was inclined to believe there was something in Dr. Dorsett's suggestion. The toxic effects of iodoform do not appear immediately, and the chorea symptoms were disappearing under the treatment given for that purpose, so that Dr. Lutz's reasoning is defective.

Dr. Meisenbach knew that iodoform poisoning will take place in the robust as well as in the weakly. If the chorea was due to the iodoform its continuance ought to have kept up the disease.

Dr. Love spoke of the fact that there was such a thing as tolerance, which was easily established and that, in this case, after the iodoform caused the chorea, a lesser liability of irritation from it might have taken place.

Chorea after Diphtheria.

Dr. Scott saw a boy of ten, on November

20, who had a severe diphtheria. He treated him in his usual way, and he got well. When he got up there was partial paralysis of the vocal muscles. He talks as if he had no note. He was very weak and prostrated and was sent into the country. He was brought back with grave and ugly symptoms. He has chorea to such an extent that that he cannot walk. He cannot put anything in his mouth, and has intense pain in his head. He is a nervous child. He also had pain in the back of his neck. There are no cardiac symptoms whatever. The pain in the neck is probably due to the fact that the head is continually bent forward.

CHICAGO MEDICAL SOCIETY.

OFFICIAL REPORT FOR THE REVIEW.

Stated meeting, January 4, 1886. The President, C. T. Parkes, M. D., in the chair.

The first paper read was entitlsd

The Effects of Cocaine on the Central Nervous System.

BY DR. D. R. BROWER.

We have recovered from the primary effects of the brilliant discovery of Dr. Carl Koller, that sixteen months ago electrified the medical world, and can now reason together calmly and dispassionately about this powerful therapeutic agent.

I have been using in private and hospital practice the preparation of the coca leaf for about six years, and for about one year past the alkaloid cocaine, and have reached certain conclusions as to its beneficial and its baneful effects on the central nervous system, that I propose to present for discussion in this paper. I say beneficial and baneful effects, for my first proposition is, that it is as powerful for evil as it is for good.

First. Its effect upon the brain.—In small doses, that is, three or four drams of the infusion, or one-half to one grain of the alkaloid, it is the most certain and agreeable of all cerebral stimulants. It increases the frequency of the pulse and respiration, and elevates the body temperature. It gives a sense of well-being, a freedom from care, and a pleasant mental exaltation. The first effect of the drug is upon the cerebrum, then upon the medulla oblongata, the sense of mental exhilaration preceding the stimulation of respiration and circulation. In small doses it also stimulates the spinal cord, producing a desire for muscular activity, and increasing activity of reflexes.

The effect upon the spinal cord, according to the experiments of Dr. Alexander Bennet (British Medical Journal, April 18, 1874) are due entirely to its effects upon the posterior column of the spinal cord; an observation that may make the drug useful in locomotor ataxia. I am now making clinical investigation in this direction.

This increased activity of the central nervous system is usually followed by a quiet, composed, self-satisfied condition of the mind and body that eventuate in sleep. These agreeable effects are accompanied with loss of appetite, frequently with nausea, constipation and diminished activity of the kidneys, of the sexual functions, and of the skin. In large doses, two to ten grains of the alkaloid, there are produced tinnitus aurium, photophobia, illusions, hallucinations, great loquacity, and a marked tendency of the mind to exaggeration and misrepresentation. If continued for some time this dose produces perversion of the affections, a disturbance of the moral emotions, a tendency to quarrel with friends and former associates, and to form alliances with persons formerly regarded as inferiors.

This state of the nervous system may become very like delirium tremens, with the same kind of muscular tremor, and the same kind of horrible hallucinations. During this time the loss of appetite and diminished activity of assimilation result in extreme pallor of the face, dryness of skin, extreme constipation, very much diminished urinary excretion, loss of sexual function, and great emaciation.

Second. Cocaine in the Alcohol and Opium Inebriates.—Much has been written upon the use of this drug in efforts to cure this form of nerve mal-nutrition. Louis Bauer, M. D., (Weekly Medical Review, Vol. I, No. 12) in an admirable article details his experience with it in a case of alcohol inebriety. He began with one-fifth of a grain, which the patient soon increased to ten grains by hypodermic injection, with the same disastrous result upon the nervous system as has been mentioned; but he expresses the opinion that cocaine inebriety was less objectionable than the alcoholic.

Dr. Erlenmeyer (Centralblatt für Nervenheilkunde, July, 1885) gave it, in various doses, in 236 cases of opium inebriety, and expresses sentiments that entirely agree with my own. He says that while cocaine does modify and mitigate phenomena of opium abstinence, its effect is only transient and of brief duration; he regards it of trifling value as a substitute for morphine.

Dr. J. T. Whittaker (Medical and Surgical Reporter, August 15, 1885) reports, in an elaborate paper, the results from its hypoder-

mic use in two cases of opium inebriety that were satisfactory. Dr. Palmer, of Louisville, Kentucky, who was one of the first to advise its use in such cases, continues to be an enthusiastic advocate of the drug.

My own experience is against its use in either of these inebriates; it undoubtedly makes the withdrawal of either of these agents much easier for the patient, because its effects are so similar to opium and alcohol that he scarcely feels the need of either; but you place within his reach an agent much more rapidly disastrous and destructive to the nutrition of the cerebral convolutions; an agent that will soon sink him to a degradation much lower than is possible with either of the others.

Third. Cocaine in Melancholia.—The best results yet obtained from the administration of the drug have been in conditions of mental depression. Dr. Jerome K. Bauduy, (New York Medical Journal, Sept. 26, 1885,) in a valuable paper read before the American Neurological Society, June 17, 1885, relates a very extensive experience with the drug in melancholia. His method was to inject one grain of the muriate of cocaine, and he frequently witnessed the morose, silent, taciturn patient, a prey to the most profound grief or sadness, recover his normal self, begin to talk about his case and wonder how he could ever have experienced such gloomy ideas. He reports one case of suicidal melancholia which recovered in less than one month, and to whom he only gave five injections of cocaine. Dr. Alex. B. Shaw,(The Weekly Medical Review, Vol. XII., No. 17) in an able paper on the uses of the drug, speaks with the same degree of positiveness of its value in the insanities with depression.

My own experience with cocaine in this form of insanity is in accord with Drs. Bauduy and Shaw, although the bad effects of the drug upon the digestive and assimilative processes, and upon the secretions, have frequently disappointed me in its use. I have observed his valuable suggestion of giving the drug several hours before eating, in order to avoid the anorexia and nausea, but even with this precaution I have frequently found it impossible, while using it to give that great abundance of food, systematic feeding, which, after all, is the most valuable therapeutic measure in the relief of melancholia.

Then again the excretory organs are often at fault, indeed often the foundation of this form of insanity, the mal-nutrition of the brain being due to the accumulation in the blood of the waste tissue metamorphosis. In such cases the further depression added to those vital necessities by cocaine, must more than counteract the beneficial effects of cerebral stimulation. In such cases alteratives and stomachic tonics added to the treatment may make it successful.

I recall two cases of profound melancholia. One, a physician, aged 45, from a neighboring town of this state; an uncomplicated case, the result of excessive professional work in a large country practice. He received the cocaine in one grain doses three times a day, with pil. hydrargyri, aloes and strychnia. His recovery was rapid, and has continued for four months. The other case was that of a woman aged 48, from Indiana, laboring under melancholia, that seemed to have its origin in the fret and worry produced by a tumor of one of the mammary glands. Under this combined treatment she recovered about as rapidly as the case detailed by Dr. Bauduy. In both these cases the drug was administered in pill form, and probably because of its combination did not interfere with the free use of egg-nog, and other concentrated food in large quantities.

I have now under treatment a case of melancholia in which I am using the drug with the atomizer, using about four grains a day, on the nasal mucous membrane. The stimulating effects on the brain are manifested in a very few minutes after it is used. I am of the opinion that cocaine is the most valuable recent addition made to the therapeutics of melancholia, especially if its bad effects are guarded against in the way suggested.

Fourth. Neurasthenia.—Cocaine is of value in the treatment of this tedious and perplexing derangement of the nervous system. Dr. J. Leonard Corning, (Brain Exhaustion), in his scientific review of the cerebral form of this disease, calls it "the remedy par excellence." Dr. William Oliver Moore (Quarterly Bulletin, New York Post Graduate School, Vol. I., No. 1), in a very valuable paper on the physiological and therapeutical effects of coca and its alkaloid, gives his personal experience and the observation of others as to the value of the drug in all depressed conditions of the nerve centres, as well as its effects upon himself in various doses.

My experience coincides with the testimony of these writers, but I observe the same care in sustaining the digestive function and stimulating the eliminations as stated before. Cocaine, as mentioned in the beginning of this paper, is as powerful for evil as for good, and it requires no special prophetic gift to say that more disastrous results will be experienced by the laity from its indiscriminate use, than have been known from either

opium or alcohol. Indeed its action upon some persons in moderate doses is alarming. Dr. G. W. Kinnicutt (Chicago Medical Journal, Oct., 1885) relates a case of poisoning from three and a third grains of the drug applied to the nasal mucous membrane, in the case of a female aged twenty-five, who had been using it for hay-fever. When he arrived she was in an alarming comatose condition, from which she recovered in about three hours, under the liberal use of brandy, ammonia and digitalis, with heat to her extremities and epigastrium.

Dr. J. Spear (The Medical Record, Nov. 14, 1885), U. S. Navy, publishes a case of alarming coma closely simulating opium poisoning, in a private, U. S. M. C., aged twenty-nine, the result of the hypodermic use of ten grains in divided doses, extending over about twelve hours. The case was supposed to be opium poisoning, and was treated with atropia, coffee, and flagellation, and in about nine hours he recovered from the immediate effect of the poison. Dr. T, H. Burchard (The Medical Record Dec. 5, 1885), gives an account of a case in which the hypodermic injection of four fifths of a grain produced a sudden and complete loss of consciousness, and in which respiration stopped, and the radial pulse was scarcely preceptible. Artificial respiration, hypodermic injection of one twelth grain of atropia, and sinapisms to heart and extremities, relieved the patient. Fifiteen minutes after the prostration the pulse was forty-eight and feeble, the respiration seven or eight, and the pupils contracted. Unconsciousness continued about twenty minutes.

Dr. Merriam (Quoted by the Medical Record, Nov. 28, 1885, from the Ohio Med-Journal) relates the case of a gentlemen who had been taking cocaine for four months for sick headache, beginning with about two grains a day, and gradually increasing till he was taking from ten to fifteen grains daily. He was very weak, with a pulse of 100, and his mind wandering somewhat as in delirium tremens. Drs. Bauduy and Shaw, in their papers already mentioned, dwell especially upon the dangers of the continued use of the drug in large doses. My experience is in accord with these several observers. Several cases of the poisonous effects of the drug have been under my treatment for the past six months, and I will call the attention of the Society to two of these cases, both physicians.

First. The case of Dr. W., aged about thirty, of excellent physique, of neurotic tendency by inheritance, who began the use of the hydrochlorate of cocaine upon the nasal and pharyngeal mucous membranes for hay fever. He gradually increased the dose to five grains taken in one dose in the evening, when his attack of hay fever was usually most distressing. This dose gave almost immediate relief from the hay fever, and gave a sense of mental stimulation very like champagne. He was almost at once seized with a desire for brain work, and would pass the greater part of the night reading and writing on professional topics, experiencing a keenness of perception and a mental vigor greater than normal. He describes his sensations during the period of activity of the drug as exceedingly delightful. Towards morning he would fall asleep, and on the next day he would have no appetite and but little desire for work, the excessive stimulation having been followed by a corresponding depression of the vital forces.

He soon found a very irregular and rapid action of the heart, and passed by rapid stages to a condition of deplorable neurasthenia, from which he is slowly recovering. He had the same derangement of digestion, assimilation and elimination that have been already mentioned. He had but little desire for food, a thickly coated tongue, a feeble digestion, considerable emaciation, urine scanty, and much of the time loaded with uric acid and urates, with dyspnœa and the irregularity of heart action before mentioned. The stools for some time were chalky, skin dry and pallid, pupils dilated, reflexes, especially the patellar tendon, much increased, and muscular powers much diminished.

He continued the use of the drug about ten days, and stopped it because he feared its enslaving power. This profound depression of the nervous system followed immediately upon its stoppage. The agents used to overcome this neurasthenia were an abundance of easily digested food, mild alteratives, moderate alcoholics, strychnia in small doses, cinchona, and the compound syrup of hypophosphates. As stated, the depression is gradually passing away, but the ten days' use of cocaine has incapacitated him for four months from the practice of his profession, and the probability is that at least three months more will be required to complete his restoration.

Second. The case of Dr. B., aged thirty-five, a man of decidedly neuropathic temperament, a hard working, conscientious, and skilful physician, in the enjoyment of a fair but very laborious practice, with an excellent family history. Three years ago, with my assistance, he discontinued the use of opium, which he had been using excessively. He

began the use of cocaine last May in one-eighth grain doses, having been led to believe it to be a harmless stimulant, and being at the time much run down by excessive professional work. It gave him such a sense of well being as he had never experienced from any agent before, the sense of complete repose and self-satisfaction it produced being very much more marked and agreeable than that derived from opium. He gradually increased the dose until he consumed about fifteen grains a day by hypodermic injection. The large doses soon began to produce mental disturbance; he became irritable, quarrelsome, impetuous, and considered himself to be possessed of a mission, and that to revolutionize the medical practice, claiming to be able to cure all diseases by the potency of cocaine. He gave it indiscriminately to all his patients. He gave it to obstetric cases and to syphilitic cases. He gave it to his wife, his three children and his mother. He was formerly a modest man of science; he became bold and unscientific in his method, went about engaging in lawsuits, carrying a pistol and frequently brandishing it in public places, threatening vengeance upon all who dared to doubt the correctness of his various extravagant statements, a perfect terror in his neighborhood. He had been a very devout member of the Roman Catholic Church, but the priest of the church could now do nothing towards restraining his wild impetuosity. He neglected his practice and by his manner alienated those whom he did not neglect, so that very soon he lost it. Piece by piece his horse, his buggy, and his furniture disappeared, until his family was reduced to poverty. My repeated efforts to persuade him to stop the use of the drug were unsuccessful; indeed, simply resulted in making me the recipient of his wildest denunciations and of his severest threatenings. Several physicians and druggists who made attempts to restrain him met with an equally positive rebuff. The same general deterioration as before noticed, was manifest in his case, extreme pallor and dryness of skin, great emaciation, loss of appetite and no desire for sleep, so that for at least one week he did not assume the recumbent position.

He continued to go from bad to worse until his friends thought it best to restrain him. In pursuance of this object Dr. F. L. Wadsworth and I appeared before the County Court and advised his removal to the Washingtonian Home. Here the cocaine was gradually withdrawn, but his mental extravagance continued unabated. He left this institution clandestinely, and is now supposed to be in Canada.

To sum up:

1. Cocaine in small and moderate doses is a cerebral stimulant, but produces derangement of the digestive and assimilative functions, and diminishes the elimination of waste.

2. The use of cocaine in the alcoholic and opium inebriates is not satisfactory; while it is a more or less perfect substitute, yet its use is attended with greater danger than alcohol or opium.

3. The use of cocaine in mental depression, if we carefully guard against the depressing effects of the drug upon digestion and assimilation, will often give better results than any drug hitherto used.

4. The use of cocaine in neurasthenia is a valuable addition to the treatment.

5. The drug, if administered in large doses persistently, causes a very marked deterioration of the central nervous system, producing a profound cerebral neurasthenia, and may produce such a malnutrition of the cerebrum as to develop insanity.

6. Cocaine, occasionally, in doses heretofore regarded as small, produces alarming depression of the central nervous system.

DISCUSSION.

DR. E. L. HOLMES opened the discussion by saying that the South American Indians ate large quantities of the coca leaf without injury.

DR. D. R. BROWER said that in the early history of Peru the Catholic Church authorities sought to stop the use of coca because of its deleterious effects upon the people. But it was impossible to do it; they used it clandestinely, and the prohibition was withdrawn. Dr. Brower said that used in that way the result was a similar condition of mental deterioration as that mentioned in the paper; while these people were capable under its influence, of performing muscular efforts in climbing the hills and mountains of that country, they were a puny, sallow, emaciated people, with intellectual capacity very little above the brute creation.

DR. E. L. HOLMES said that his experience had been wholly in connection with local applications on the eye. He had seen one case, in which he had placed cocaine in both eyes for an operation, in which it was followed by considerable depression and nausea through the night, but no alarming symptoms. He had twice used it in his office for strabismus, placing a not unusual quantity in the eye, where the patient felt sick and almost slipped out of the chair, and the operation was performed with the patient lying on the floor, but he suspected it to be a fit of fainting at sight of the instruments. He had found from ex-

perience that very minute doses will be absorbed, but had never seen the slightest influence from the amount which is usually given in the eye. It is exceedingly satisfactory in performing operations, and in removing little motes and pieces of iron or steel lodged in the cornea.

Dr. C. W. Earle said it appeared to him that when Dr. B. was in the Washingtonian Home he got along with a very small amount of the drug, very much less than Dr. Earle had anticipated it would be possible for him to get along with. That Dr. B. informed him that he had been in the habit of taking from fifteen to eighteen grains a day. After he went into the Home, the first three days he took less than grs. iij, and after that time did not take any. He regained his appetite very well, and appeared to improve in every respect up to the time that his wife and brother or brother-in-law came from Canada to visit him; then he was seized with the idea that he must go home, or at least to Canada, and from that time he was uneasy and did not do well. Dr. Earle said that it seemed to him that there had been more said in regard to the use of cocaine than there was any use in saying. While Dr. B. was at the Home he was not unlike an ordinary opium eater. The depression which followed withdrawal was somewhat similar, although there were none of the symptoms of dizziness, or nausea and sneezing, which are usually present after the withdrawal of opium.

Dr. Sarah Hackett Stevenson said that she was surprised at the deleterious effects found by Dr. Brower from the use of cocaine in hay fever. She had had a number of cases in which it was used, without any of the symptoms mentioned in the paper. She used a four per cent solution, applying with a camel's-hair brush, or simply by snuffing. Dr. Stevenson said she had used cocaine a great deal hypodermically in surgical operations with good effect so far as anesthesia was concerned.

Dr. W. F. Coleman said there are two lines of practice in treating the narcotic habit; to cut a man off from his drug completely, at once, or to taper him off. He believed in depriving him of the drug at once. If he found a man being poisoned he would not add another dose, but stop it immediately. He knew nothing practically of the internal use of cocaine, but was surprised at the grave effect mentioned by Dr. Brower. Cohn-Mueller asserts that he kills a frog with four-tenths of a grain, but to human patients he gave indiscriminately five grains and it produced no perceptible ill effect. Locally Dr. Coleman had had some experience with the drug, and there is this point about its immediate effect: it relieves pain in acute otitis, but it is a grave question whether it does not prolong the case, and while it relieves pain it is doubtful if it is better than hot water or other remedies. In its application to the eye there was not this objection, it produces anesthesia and allows almost any operation to be performed without pain; it does not prolong congestion, and gives permanent relief.

Dr. D. W. Graham said that he noticed Dr. Brower quoted a case reported by Dr. Burchard in the Medical Record, in which a patient sustained loss of consciousness and stoppage of the pulse after an injection of four-fifths of a grain of cocaine. Dr. Graham doubted very much whether the bad effects were due to cocaine; we get the same effect in many patients by injecting water, or by showing them the hypodermic syringe, and he thought it probable that it was simply a fainting fit. There was nothing in the report that would lead to any other conclusion except that Dr. Burchard says it was the result of the injection of cocaine. Dr. Graham doubted the conclusion and thought it unreliable.

Dr. F. M. Weller said he had had some experience in the use both of cocaine and the fluid extract of coca. He had never used such large doses as those mentioned, but had seen that very large doses of the drug would produce unpleasant symptoms about the head, dull heavy headache, something like doses of other narcotics. Hypodermically he had used as much as five grains at one time without any unpleasant effects whatever. He has inclined to think that the real difficulty in some of these cases was that some other circumstance was overlooked. It seemed to him that some idiosyncrasy might exist that would make one peculiarly susceptible to this kind of narcotic, and it would hardly be reasonable to charge it all to cocaine. His reading of the history of the use of the drug in South America, where it originated, led him to think that it could be used a long time without injury. He thought one lesson is to be learned from the paper, viz., that no drug should be continued beyond the time of its necessity. That principle laid down and strictly adhered to, the patient would never suffer from the deleterious use of any drug.

Dr. D. R. Brower in closing the discussion, said that Dr. B. bought cocaine wherever he could get it, and he did not know what preparation he used. The other physician mentioned in the paper used Merck's cocaine altogether. He used it for hay fever

and took five grains by inhalation every day for ten days. Dr. Brower said that he did not suppose that such disastrous effects as occurred in these cases and others, would result unless there was some weakness of the nervous system; he thought possibly a person perfectly robust and with a well-governed nervous organization could take cocaine with impunity, but a person with a nervous temperament could not use this drug continuously without some such results following. Dr. Brower said his plan of treatment was that of gradual withdrawal, as well with opium and chloral as with cocaine. This plan could be followed with less inconvenience to the patient. Dr. Brower said he was well aware that cocaine was one of the most valuable additions to the therapeutics of hay fever, it had been administered in perhaps thousands of cases in Chicago, and with few disastrous effects. As to the case reported by Dr. Burchard, the Dr. reported it as a case of hypodermic injection, and it struck Dr. Brower as being a reasonable result in a very susceptible individual, but it might be that the man had a fainting fit. The case was reported in the Medical Record of Dec. 5, 1885; it impressed Dr. Brower as being undoubtedly a case of cocaine poisoning.

After the reading of a paper entitled "Opium Smoking," by Dr. C. W. Earle, and "Hygienic Clothing" by Dr. L. L. McArthur, on which there was no discussion, the society adjourned.

BULLETIN OF THE NATIONAL BOARD OF HEALTH.

DECEMBER 30, 1885.

The following abstract from consular and other reports received at this office since the date of our last bulletin is respectfully transmitted.

Montreal, December 6–9, seventeen deaths from small-pox, and in adjoining municipalities twenty seven deaths.

Montreal, December 17–19, two deaths from small-pox, and in adjoining municipalities twelve deaths.

Kingston, December 18. Scarlet fever prevalent.

Three Rivers, December 4–19, measles prevalent.

Toronto, December 9–12, two new cases of small-pox reported.

Havana, December 3–17, sixteen cases and three deaths from yellow fever.

Matanzas, December 2–16, intermittent fever prevalent.

San Domingo, December 3, free from epidemic diseases.

Cape Haytien, November 7, to December 5, free from epidemic diseases.

Nassau, New Providence, December 12, free from epidemic diseases.

Bermnda, December 15, free from epidemic diseases.

Guayamas, Mexico, month of November, free from epidemic diseases.

Laguayra, Venezuela, November 28, free from epidemic diseases. Yellow fever at Caracas abating.

Pernambuco, November 20, three deaths from small-pox.

Callao, October 10 to November 14, five cases and one death from small-pox.

London, November 28, one death from small-pox. Three of the deaths reported during the week were referred to hydrophobia, making a total of twenty-five from this cause during the current year, against an average of six in the past ten years.

Bradford, England, December 5, one death from small-pox.

Bristol, England, December 6, one case of small-pox reported.

Glasgow, December 5, one death from small-pox.

Edinburgh, November 21, two cases of small-pox reported.

Paris, November 28, three deaths from small-pox; forty cases in hospital.

Paris, December 5, four deaths from small-pox.

Bordeaux, month of November, ten deaths from small-pox.

Rhiems, November 22 to December 5, twelve cases of small-pox reported.

Antwerp, November 7 to 21, twenty cases and two deaths from small-pox.

Zurich, November 28, one death from small-pox.

Barcelona, November 20 to 30, free from epidemic diseases.

Cadiz, November 28, free from epidemic diseases.

Gibraltar, November 22, free from epidemic diseases.

Genoa, November 14 to 28, thirty cases and eight deaths from small-pox.

Leghorn, December 6, two deaths from small-pox.

Venice, November 15 to December 5, 146 deaths from small-pox.

Prague, December 3, eight deaths from small-pox.

Very respectfully,
W. P. DUNWOODY,
Secretary.

THE WEEKLY MEDICAL REVIEW.

MEDICINE AND SURGERY.

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CONTINUOUS USE OF THALLINE IN TYPHOID FEVER.

From the general drift of reports up to the present time on the therapeutic uses of the new antiseptics, viz.: kairine, thalline and antipyrine, it appears as if antipyrine alone had secured a firm foothold. Its action alone is one of permanence and safety. Both kairine and thalline, although prompt antipyretics, have two serious faults. The effect is transient and the temperature rises again with rigors; cyanosis and collapse are threatening accompaniments.

Nevertheless there is no doubt that a more complete and extended clinical study will eventually give each and every one of these agents a concise place in therapeutics.

A study in this direction is contributed by Prof. Dr. P. Ehrlich and Dr. B. Laquer in a paper read on Nov. 19, 1885, in the Society of Physicians to the Charité, Berlin.

These gentlemen, as so many before them, had the unsatisfactory experiences with thalline that are generally reported. They, just as von Jaksch, who introduced thalline, had employed doses of one-fourth to one-third gram and were ready to give a negative opinion as to the merits of the drug.

However, several satisfactory results prompted the gentlemen to continue their investigations and they have found that much can be accomplished by giving a continued series of small doses.

Attention is called to the fact that antipyrine and thalline do not differ alone in their constitution, efficacy and dosage, but also therein that their resorption and elimination by the organism are distinctively peculiar. This is shown by an examination of the secretions, especially the urine.

If even small doses of thalline are given, a half hour, or an hour after, the characteristic reaction with chloride of iron can be obtained; whereas antipyrine even in the large dose cannot be demonstrated for fully three hours.

Furthermore, thalline gives evidence of its resorption in the appearance of profuse sweating as soon as ten or fifteen minutes after ingestion.

The authors compare the rapid resorption of thalline by the stomach to the immediate results of hypodermic injection.

This rapid resorption is correspondingly followed by a sudden defervescence; and the rapid elimination explains the transient apyrexia and the sudden recurrence of fever. The more difficult resorption and slower elimination of antipyrine on the other hand, explain the slower action, greater permanence and slower loss of its peculiar effects.

From these considerations it occurred to the reporters to lengthen the period of specific action of thalline by a summation of small doses repeated at short intervals. They have found that by this method the full antipyretic effects of larger doses can be obtained and all disagreeable and dangerous phenomena fully avoided. They were able to keep patients for days and weeks continually under the influence of thalline, giving as much as from 1 to 3 grams per day. Their investigations so far are confined to typhus abdominalis, enteric fever. They chose only such cases as were fully characteristic.

They applied the tartrate of thalline exclusively in a one per cent solution with sugar and alcohol and gave hourly doses during the day, every two hours during the night. They also gave the medicament in pill form.

This mode of medication sufficed for antipyresis; sweating occurred now and then, but

in a tolerable degree. No collapse ever happened and rigors only when an excessive single dose was given. The central nervous system, digestion and the kidneys remained undisturbed; no exanthema ever developed.

After thirteen histories are given in detail, the paper proceeds to discuss, by inference from the notes given, the question of the exact quantity and exact manner in which thalline must be given in individual cases. For it is a well recognized fact that not only different results obtain in different diseases, but the behavior of each individual patient varies. It is therefore necessary to ascertain the dose best sustained by each individual case, and corresponding thereto, the several hourly doses varied from one-fiftieth to two-tenths of a gram. The suitable and correct dose can be ascertaintd by trial only.

Doses that are too small fail, doses that are too large give rise to the mentioned side effects. If once the individval dose has been experimentally fixed, then this same quantity may be given for many days, yea weeks.

The effective dose is to be considered that one, which is followed by a marked and permanent depressien of temperature. In order to determine it, it is well to begin with hourly doses of one-fiftieth gram and gradually rise in the dosage by one centigram, until the fever is reduced by one to one and a half degrees Centigrade. Thereupon the continued measurement of the temperature by the thermometer teaches us whether we have arrived at the proper dose.

From the analysis of the cases it appears that this mode of treatment of typhoid fever was very successful. Especially the early cases showed a defervescence after three to five days treatment.

The authors fully pronounce themselves in favor of this mode of treating typhoid fever. The conviction of the utility of their methods is heightened by the impression that thalline appears in typhoid fever to have a specific influence in addition to the antipyretic.

Experiments were also made by this process of "thallinization" upon some cases of intermittent fever with an absolutely negative result. The paroxysms were not cut off unti quinine was subsequently given. Acute articular rheumatism is also proof against the method. It is recommended from partial observations that the effect in cases of erysipelas and genuine pneumonia be further investigated.

The Infuence of Nitrite of Amyl.

Dr. Ludwig Schweinburg, of Vienna, has investigated the influence of nitrite of amyl upon arterial blood pressure in animals and man.

To this end he made use of Bash's sphygmomanometer.

He found that inhalation of the small quantities that are therapeutically employed, brings about a temporary elevation of arterial tension. He advises, therefore, against the use of nitrite of amyl in cases that would be endangered thereby, and recommends that the functions of the heart be fully estimated by auscultation before using the drug.

Good results are reported from the use of the remedy in cases of cephalalgia and migraine.

Pyridine in Asthma.

On page 46, vol. xii., Review, we reported on a communication by M. Germain Sée to the Académie des Sciences on pyridine and its uses in asthmatic disease. It is remembered that he lauded it highly.

We notice in the Centralblatt fuer die gesammte Therapie for December, 1885, a comprehensive article by Dr. W. Lublinski, on the same subject.

The doctor recalls the progress that has been made in late years in the treatment of asthma by the newly developed methods of rhino-surgery and by treatment with iodine, nitro-glycerine and nitrite of sodium. Notwithstanding the advances thus accomplished, it appears that there are still many cases that are intractable. He refers to statistics of local surgical treatment of the nares and mentions that of a certain series of 131 cases, 37 were

cured, but that in 94 cases refuge was had to the iodine treatment.

This latter he considers to rank first among all the methods of treatment of pulmonary asthma. He had successes of no doubtful nature in 257 cases, among which number nasal trouble existed in quite a percentage.

The case of a patient is recounted who presented himself for asthmatic trouble; a large mucous polypus that was attached to the middle concha of the left nasal passage was discovered. The patient refused operation; still, the simple internal administration of iodide of potassium resulted in actual relief.

The one drawback to the iodide method lies in the idiosyncracy of some patients.

Even very small doses may cause serious intoxication.

Respecting nitro-glycerine and nitrite of sodium, it is universally experienced that relief is given only in cardiac and nervous asthma, none however in the emphysematous forms. In these we are obliged to seek refuge in purely empirical measures, notably the inhalation of the vapors of stramonium and saltpetre.

Following the proposition of Sée, Lublinski employed pyridine. He administered it twice a day as an inhalation, at first for twenty minutes, later for a half hour or more. He reports that nearly all patients breathe with less oppression, and physical examination showed an improvement of the morbid signs.

The heart was not altered in its action save perhaps, slight slowing.

Towards the end of the sitting most individuals become very sleepy, and the muscles are fully relaxed.

In some of the cases symptoms developed that were quite ugly; such as tremor and nausea, vomiting and vertigo; one patient felt as if paralyzed. These alarming phenomena pass away rapidly, but should be borne in mind and guarded against in decrepid individuals that have a feeble heart-action and congestion in consequence of emphysema of long duration. In cases of cardiac asthma especially such distress follows. Consequently great caution should be observed.

Lubliniski treated with pyridine seven cases of emphysema with almost permanent asthma, two cases of asthma nervosum, four cases of asthma bronchiale, three cases of valvular lesion with asthmatic trouble and five cases of asthma cardiacum.

Of these twenty-four patients, that were treated for one to three weeks, the two cases of purely spasmodic asthma were completely cured. Of the remaining patients, ten were very much improved, five felt better and could lie down at night; in seven cases no improvement was had.

It appears that the relief in the nervous cases was of considerable permanence; one of the cases returned two months after with a recent recurrence and was again promptly relieved. In the four cases of bronchial asthma the dyspnea was promptly relieved; rest at night was easier and cyanosis diminished. But the bronchial trouble was unchanged, the sputa remained the same; expectoration was somewhat facilitated.

The emphysematic cases also showed much improvement, but only in a symptomatic sense.

With reference to the cardiac forms, only a palliative effect was seen. The feeling of oppression was generally rapidly relieved.

The final conclusions arrived at are: That pyridine is not a curative agent proper, of the several forms of asthma; that perhaps it is of great value in nervous asthma, especially if iodide of potassium is not tolerated, and nitro-glycerine and nitrite of sodium fail; for all the other forms of asthma it is only a momentary palliative, that is inadmissible in cases that are run down and of feeble heart-action.

Fractured Patella; Swan's Operation.

From a note in the British Medical Journal we learn that the method of Robert L. Swan, of Dublin, consists in overcoming the resisting power of the quadriceps tendon. For this purpose the tendon is subcutaneously divided. It occurs to us that by these means the fracture may become fully approximated and a perfect bony union secured. Whether

the tendon rapidly and securely unites is a matter of experiment. It is to be hoped that a fuller account of cases so treated and their ultimate results will be published. The proceeding is certainly novel, and, if attended by good results, preferable to suturing, etc., on account of the greater simplicity of the operation.

Pure Terebene in the Treatment of Winter-Cough.

Terebene is a substance prepared by the action of sulphuric acid on oil of turpentine. Terpene, on the other hand, is the crystalline hydrated oil of turpentine, and produced by exposing the oil with alcohol and nitric acid.

Our readers remember that Germain Sée, the great French therapeutist and pharmacologist, has made extended trial of terpene in the treatment of catarrhal pneumonia, hemoptysis and chronic bronchitis, (See Review, vol. xii, p. 141). His results are definitely formulated and the indications clearly set down.

William Murrell, lecturer on Pharmacology and Therapeutics at Westminster Hospital, writes on the use of terebene in similar affections, especially winter cough.

He has notes of 114 cases so treated by him, and gives the following as a fair average one:

R. N., aged 43, said that he had been subject to cough every winter for twelve years. His work was against him, and he was a good deal exposed to wet and cold and the inclemency of the weather. His cough used to trouble him badly only in the winter, but, year by year, it seemed to be coming on earlier, and now he was hardly ever free from it. It came on in fits, which shook him to pieces, and it was always very bad the first thing in the morning, often making him retch and vomit. There was a great deal of phlegm, thick and yellow when he was in the country, but speckled all over with black in London. It was difficult to get up, unless he could get some hot tea or something to loosen it. The shortness of breath was worse than all, for it prevented him from going about, and interfered with his business. He had never spat any blood worth speaking of, but there were at times streaks after a severe bout of coughing. He became no thinner, generally losing a little in the winter and picking up again in the summer. He had had a great deal of treatment, mixtures, lozenges and liniments without end. On examining the chest, it was found to be emphysematous, and there was a loud bubbling rhonchus at the base of each lung. On November 1st, he was ordered ten drops of pure terebene on a piece of sugar, every four hours. In three days he returned, and said there had been a marked improvement; the cough was easier, the phlegm was lighter in color and not so thick, and the breathing was decidedly better. The dose was increased to twenty minims every four hours; and, a week later, the patient wrote to say that he was better than he had been for years, and was almost able to do without the medicine. I saw nothing of him again until January 6th, when, being in town, he came to see me. There had been some return of the old symptoms, and he was anxious for further treatment. I ordered him a small Maw's spray-diffuser, holding about an ounce, and instructed him to use it with the terebene as an inhalation several times a day. A fortnight later he wrote, saying that he bought a larger apparatus, and that his complaint was more amenable to treatment than it had ever been before. The terebene spray eased the cough, brought up the phlegm, and, above all, relieved the shortness of breath. On his long railway journeys, when he was unable to use the spray without inconveniencing his fellow-passengers, he rubbed the terebene on his moustache and beard, so that it might slowly diffuse, and, as he said, "softened the atmosphere."—(Brit. Med. Jour.)

Dr. Murrell prizes as a great advantage of pure terebene that it is not bulky. Five or six drops are taken on sugar every four hours; the dose may gradually be increased to twenty minims. No toxic effects ensue, the urine acquiring a peculiar, characteristic odor.

The remedy may also be used as a spray. For internal administration the drops of pure

terebene on sugar are most convenient, inasmuch as the taste is not objectionable.

Another mixture of terebene is in its antacid properties. This quality makes it a valuable remedy in flatulence; it is said to check the formation of flatus and to expel any that may remain.

Aphasia from Mental Blindness.—The London Practitioner takes the following interesting notes from the Revue de medecine: Of the forms of aphasia taken in its widest sense two may be said to fall under the head of incapacity of transmission and two under the head of incapacity of reception. The first two are motor, viz., the incapacities of putting into sounds the word which can be imagined, or of putting into written shape the word which can be spoken (agraphia); the second two are sensory, viz., the incapacity of getting any idea of a word from either ear or eye, from sound or sight, mental deafness and mental blindness to words. Ribot has helped to show that there is not a memory for words per se, but a memory which is with some people visual and with others auditory; some in remembering a word recall its written or printed look, and some its spoken sound. Prof. Bernheim gives in detail the account of a case of partial aphasia lasting over a long time, in which there was another and more special element, viz., no physical blindness but a mental incapacity to recognize from sight, at any rate, what things were (cécité psychique des choses). It was in a man aged sixty-three, of healthy antecedents. In May, 1883, he had some hidden cerebral symptoms followed very soon by incomplete left hemiplegia (with slight primary contraction passing off in a few days), left hemianesthesia and hemianalgesia and left lateral hemianopia of both eyes. During the next two years, up to the time of the report, slight loss of power on the left side continued, withthe hemianopia as before, and occasional attacks of Jacksonian epilepsy intervened. A few months before the onset of his cerebral symptoms a small tumor had been removed from his eyelid, and it seemed at first probable that his brain injury was due to a similar tumor in it;but the almost completely stationary character of his state during the next two years rendered this ultimately very unlikely. That the internal capsule must have escaped serious injury was to be gathered from the rapidity with which he recovered from the hemianesthesia and the slight early contraction and exaggeration of reflexes. He was a left-handed man in all actions except writing which he had been obliged to learn with his right hand, and which he could still execute after his brain symptoms were developed. But he could not read what he wrote, nor any print, nor could he recognize more than one or two out of many drawings of simple objects. He could add and multiply, and recite the days of the week and the months of the year, and keep up a conversation which was in most points natural enough, but when he was shown simple objects it became obvious that he did not recognize them; a glass he said was a bar, a loaf was a salt-cellar, a book was crust for a pie, a crucifix was a catechism, and so on; a knife he would recognize one week, and the next he would say it was a key to make soap. And that this was due to want of recognition, not merely the result of inability to use the right names, he would show by his actions. He was asked what a bunch of keys was, and he said at once that it was used to make marks with, and he took a key and made motions with it as if it had been a pen; then he saw or felt that that was not its right purpose, and was puzzled and tried to sow corn with it, as he said he had done thousands of times before, but was again dissatisfied. Bernheim made the motion of opening a lock, but he gained no information from that; then he asked him, "What do you use to unlock a door?" and at last he caught the auditory suggestion and said, "A key, of course; this is a key." Bernheim conceives a centre of visual memory in the inferior parietal lobule, and a centre of auditory memory in the first temporo-sphenoidal convolution, interconnected by at least two paths,and connected each more intimately with a centre of simple vision and a centre of simple hearing (au-

dition brute). In the patient under discussion it is to be imagined that the normally intimate connexion of the visual memory with the centre of simple vision was nearly gone, and that the visual memory could as a rule only be reached after considerable difficulty by a path which was unusual in this particular subject, viz., through the hearing and the auditory memory. The verbal amnesia arose, in fact, from a mental incapacity to recognize things in general by sight, and this suggests that probably there are also cases in which there is a similar incapacity to recognize things in general by hearing which leads to a similar verbal amnesia.

The Value of Chloride of Calcium.—According to the London Medical Record (Journal American Medical Association): In The Practitioner, Sept. 1885, p. 161, Dr. R. W. Crighton contributes a most interesting article on the therapeutic value of chloride of calcium. This drug is by no means a new one, but was well known during the last century under the name of muriate of lime.

The author has used chloride of calcium for some years past, and says he knows of no other therapeutic agent that will produce the same good results in suitable cases. In cases of glandular enlargement of the neck in children, it seems to have a wonderful effect; in many cases it must be given for a long time before any appreciable benefit is derived, and its use must be renewed at intervals to prevent a recurrence of the affection. In pulmonary phthisis, it is useful only where there is evidence of the bronchial glands being affected, but in tabes mensenterica the good effects are striking and lasting, if the disease be not too far advanced. In scrofulous caries it is also of great service. Speaking of the physiological action of the drug, it is stated that its value is due to the activity of the chlorine, and to the especial function of lime in the assimilative and nutritive process. Chloride of calcium is one of the normal ingredients of the blood, and is present in the gastric juice.

In the Brit. Med. Journ., April, 1885 Dr. Sidney Ringer records some experiments which throw light on the action of this drug. If the heart of a frog has been subjected to the action of fluids, such as water in a solution of common salt, the ventricular contractions gradually cease and the ventricle stops in diastole. The only constituent which will restore the suspended contractility is lime; by adding one part of chloride of calcium to 10,000 parts of saline solution, spontaneous contractions return, and the ventricle soon begins to beat as strongly as ever. Any potassium salt has just the opposite effect. The author always prescribes the crystallized chloride of calcium, as the anhydrous salt forms a turbid solution and has an unpleasant taste. The dose given varies from ten to twenty grains, but the author gives one to three grains for young children, and rarely over twelve to fifteen grains for an adult.

Dr. Coghill recommends five ounces of the crystalized salt in twelve ounees of syrup. The dose of this solution varies from five to forty minutes, three times a day. It is best given in milk after meals. A reference to the Medical Digest, sect. 275: 2, shows that this salt has been much appreciated in the past.

On the Treatment of Furuncles.—The Boston Medical and Surgical Journal (Medical Age) writes:

Gingeot has contributed to the Bulletin Général de Thérapeutique (t cviii), a valuable series of articles on the treatment of boils and carbuncles, of which the following is a summary. Brodie, in his lectures on pathology, published in 1846, advanced the view that the furuncle was a species of eruption analogous to small-pox, and a local expression of a poison circulating in the blood. Alphonse Guerin in the article Anthrax in "Jaccoud's Dictionary" (1865), teaches that furunculosis is a septicemia, and assigns to it an intermediate position between the general affections which localize themselves, and those which, becoming generalized, result from a lesion primarily local.

The contagiousness of furunculosis was es-

tablished by Startin in 1866. He proved: (1) the auto-inoculation of the contagium by scratching; (2) the transmission from individual to individual by contact (as by occupation of the same bed); (3) the development of boils on the hands of surgeons and dressers consecutively to their being wounded with a bistoury, which had been used in opening a furuncle. Lannelongue innoculates patients with matter from boils, producing at the point of puncture furunculous eruptions.

It is not only proved that boils and carbuncles can be transmitted from man to man by contagion, but the active principle of the contagion, according to Gingeot, has been discovered. For this discovery we are indebted to Pasteur, who, on applying to the furunculous affection the same means of study as had been applied by him to the investigation of the pathogeny of splenic fever, fowl cholera, and other virulent diseases, "has been able to demonstrate that every furuncle contains certain microscopic parasites, and that it is to these that there are due the local inflammation and the pus formation." This microbe is called by Pasteur the torula pyogenica; this mycologist, moreover, identifies this bacterium with that of abscesses of the soft parts, of osteomyelitis, and of puerperal fever; certain it is, however, that the product of cultures of furunculous origin has never given rise, by inoculation in animals, to anything but simple abscesses, never to furuncles. Gingeot explains this fact by referring to the peculiarity of the tissue, namely, the glandular apparatus of the skin (and especially the pilo-sebaceous glands), where the furuncle has its seat; the inoculation of the microbe would have a different result according as such inoculation were made into a follicle, or into the subcutaneous cellular tissue. M. Lowenberg has repeated Pasteur's cultures and inoculation experiments, and has confirmed them; he has also shown the part played by hairs in the collection of germs. The view which he adopts and which Gingeot endorses, makes furunculosis a parasitic disease resembling scabies, and the old humoral notions respecting the etiology of boils and carbuncles are repudiated. It is, however, certain that furunculosis is attached by many bonds of union to the other virulent affections. A certain predisposition of constitution is necessary; the torula does not thrive unless it finds a favorable medium. This predisposition is found in certain debilitated states of the economy from over-work, alcoholism, diabetes, lithemia, etc., in which there is such modification of the secretion of the skin as renders the piliferous and sebaceous glands a suitable habitat for the torula pyogenica.

The indications of treatment are: (1) if possible, to cause the furuncles to abort; (2) this indication being impossible of fulfilment, to moderate the amount of suppuration; (3) to antagonize the constitutional condition which favors furunculous productions.

There are two principles laid down as the fruit of large experience; first, never to open early; second, seldom or never to open, even if suppuration has taken place, but to leave the boil or carbuncle to nature. Since the fununcle is a parasitic affection, the essence of the treatment ought to consist in destruction of the parasite. One of the first precepts is to apply no poultices. Even when put on cold, the poultice has no power to stay the development of the furuncle, and when warm, it can only favor such development, as heat and moisture promote the vital activity of the lower organisms; moreover, the organic substances of which the poultice is made furnish a contingent of food to the parasite. Even when the boil has gone on to suppuration, the poultice is rather injurious than otherwise, aiding the penetration of new follicles by the microbe, by spreading the pus over the skin and keeping it in contact with the glandular orifices dilated by the heat.

One of the external remedies likely to be most successful in the abortive treatment of furuncle, and which Gingeot highly recommends, is the tincture of camphor. Both the alcohol and camphor in this preparation are excellent parasiticides. The camporated spirit is applied to the part by means of a compress and allowed to remain in contact with the skin a few minutes. Thus treated,

boils, if taken at the commencement, are frequently made to abort. The application should be made three or four times a day.

Another good agent for fulfilling the same indications is tincture of iodine, which should be painted freely several times a day over the furuncle and a little beyond. If applied till epidermic desquamation takes place, the iodine tincture does no harm, and if it does not always prevent, it certainly moderates suppuration, thus fulfilling the second indication and better than (perhaps) any other remedy. Gingeot believes that the iodine does good by its superlative parasiticide action; "the parasites cannot escape contact with the liquid which is introduced by capillarity into the glands, and by endosmosis into the acuminated vesicles of the top of the furuncle."

The same treatment is applicable in the early stage of carbuncle, and will often arrest its development; if, however, the progress of the carbuncle cannot be stayed, a strong solution of carbolic acid (equal parts of the strong acid and glycerin) must be brought in contact with the diseased tissue, as Dr. Eade, of London, recommends.

The central cord or stem must be destroyed; this may be done by freely applying the carbolic acid through any openings which may exist in the centre of the swelling, or a sufficient opening may be made with acid nitrate of mercury.

When the furuncle is opened and discharging, the usefulness of tincture of iodine is ended. Then there is nothing better than boric acid applied in the form of fine powder, which is freely dusted over the boils, or of the saturated aqueous or alcoholic solution which is kept constantly in contact with the diseased parts by means of compresses soaked in the liquid.

As for internal medication, Gingeot has nothing better to suggest than the recommendation to follow out the line of treatment several years ago indicated by Dr. Sidney Ringer, and endorsed by Dr. Duncan Bulkley. This consists "in the administration from the first of sulphide of calcium in small doses (one-sixth or one-fourth grain) every two hours." It is worthy of note that in the excellent paper which Dr. Bulkley read at this meeting, he coincides very nearly with the line of treatment above brifly summarized.

Herpes Zoster and Paralysis of Motor Nerves.—The following notes are translated from the Deutsche Medicinal Zeitung by the Philadelphia Medical Times: The combination, as yet not very frequently observed, of herpes zoster (the expression of disease affecting sensory or trophic fibres) with the paralysis of motor nerves can be traced back in one series of cases to a central lesion, in which the process from the trophic nerve tracts has encroached upon the motor centres, or the reverse.

In another series of cases a peripheral mixed nerve is concerned. Besides these, however, there are still cases which can be referred to neither of these sources, and in which only the most external periphery of the nerve is affected. To this class belong those cares of herpes zoster of the face or the neck which occur in connection with paralysis of the facial nerve. To seven such cases collected by P. Struebing (Deutcshes Archiv fuer Klin. Med., Bd. 37, 1885) from medical literature, he adds one under his own observation. A man 52 years of age was exposed to the action of a cold draught of wind upon his face. A few hours later a neuralgia developed upon the left side of his face, which was followed by herpes, and a few days later by a paralysis of all the facial branches of the left facial nerve and the left chorda tympani.

As regards the question of the connection here between the zoster and the paralysis, it cannot be set down as purely accidental. Reflex paralysis can scarcely be taken into consideration, because the facial paralysis presented the characters throughout of a peripheral and not of a central affection. Quite as unlikely, according to the reporter, could the view of Eulenberg be adopted, that in facial paralysis an eruption of herpes may be induced by irritation of trophic fibres in the

facial nerve (which possibly come originally from the vagus) because one and the same morbid agency would then have to cause irritation of the trophic part of the nerve and paralysis of the motor portion of the nerve. The connection in this and similar cases may be, with the greatest probability, sought for in some inflammatory proeess extending through the connecting fibres from one nerve to the other, so that a peripheral affection of a sensory nerve (which leads to herpes) will produce peripheral facial paralysis, and vice versa. In other cases the connection may be so clear that one and the same injury (such as exposure to cold) may affect both the trigeminus and the peripheral branches of the facial, and develop herpes zoster and paralysis coincidently.

The Cause of the First Sound of the Heart.—The London Lancet is abstracted by the Columbus Medical Journal as follows: An interesting note on the cause of the first cardiac sound, by Dr. Gerald Yeo, and Dr. J. W. Barrett, has appeared in the Journal of Physiology. Opinions, as is well known, have varied considerably on this point. Some observers, as Halford and Billing, looking at the relative size of the auriculo-ventricular and semilunar valves, have held that the sudden tension of the former is sufficient to produce the first sound of the heart. These observers point to the fact that just as the act of hooking back one semilunar valve abolishes the second sound, so the same act of hooking back one auricular valve, or the incompetence of the valve as a whole, impairs or abolishes the first sound; and they also point to the fact that the tracing of a cardiac contraction, is a single contraction and not a tetanus of the muscular tissue. Many careful experimenters, however, maintain that the muscular sound must be regarded as an element in its causation, and insist on the greatly increased volume of the sound in cases of cardiac hypertrophy. Drs. Yeo and Barrett's experiments originated in a difference of opinion between them on this point, each being desirous of persuading the other of the soundness of his views. To determine the question, a large cat and an active mongrel bull-terrier were chloroformed and subjected to artificial aspiration, and the cardiac sounds were then carefully listened for by each disputant, as well as by some independent observers, after the thorax had been opened by an extensive medial incision without injury to the pericardium. The veins were then compressed, and all noted that the sound became gradually slightly diminished, but did not become inaudible, the tone remaining distinct as long as the heart continued to beat. In the case of the dog, the same phenomenon was observed even after the heart was removed from the body, and the same was noted in the ventricle when removed below the valves. The authors, therefore, arrived at the conclusion that a definite and characteristic tone, similar in quality to the first sound, is produced by the heart muscle, under circumstances that render it impossible for any tension of the valves to contribute to its production.

Cocaine in the Treatment of Diseases of the Nose, Larynx, and Pharynx. The Medical News finds in the Centralblatt f. Chirurgie: Schnitzler records one hundred cases in which he has employed cocaine in the treatment of diseases of the upper air passages. He regards its use as satisfactory in operations upon the tonsils, also in hyperesthesia of the pharynx, but as not especially advantageous in acute pharyngitis. While praising the application of the drug in operations upon the larynx, he regards its use as superfluous in laryngoscopic and rhinoscopic examinations. In irritative cough, in acute and chronic laryngeal catarrh, and in laryngeal tuberculosis, the symptoms were favorably affected by the treatment in question.

He regards the presence of glycerine as advantageous, and recommends the following formula as adapted for general use:

Cocaine muriate - - -	2-5 parts.
Glycerine - - - - - -	20 "
Water - - - - - - -	80 "

When a long continued anesthetic effect is

desired, the following formula is recommended:

Cocaine muriate - - -	2-5 parts.
Morphia - - - - - - - -	2 "
Glycerine,	
Water, - - - -	of each 50 "

For insufflation:

Cocaine muriate - - -	2-5 parts.
Lead acetate - - - -	20 "
White sugar - - - -	80 "

Or:

Cocaine muriate - - -	2-5 parts.
Bismuth subnitrate,	
White sugar - -	of each 50 "

For nasal injections and for inhalations a solution of cocaine of the strength of one part in five hundred is employed.

CONTRIBUTION.

A CASE OF CHRONIC ULCERATION OF ABDOMINAL PARIETES, OF HYPOGASTRIC AND RIGHT ILIAC REGION AND ARTIFICIAL ANUS.

BY J. RAMMING, M. D., ST. LOUIS, MO.

Mr. H. H., merchant, æt. 39 in 1869, at the time of accident, was very corpulent, weighing 250 pounds, but perfectly healthy. He participated in a fat man's race at St. Charles, Mo. On running down hill he stumbled and fell upon the abdomen but got up immediately after and leisurely walked towards the gathering of spectators without manifesting any sign of being injured. He simply looked slightly pale and depressed, and remained outdoors during the balance of the day in company with friends, never complaining in the least of pain or discomfort. The following two weeks after the accident he attended to his business, not complaining or manifesting any sign of pain, with the exception of a slight dull feeling in the right iliac region.

On the fifteenth day he had to take to bed, pain became prominent, constipation set in, followed simultaneously with swelling and more severe pain in right iliac region. Four weeks after the accident the abdominal wall ruptured, discharging a large amount of pus and fecal matter, causing some shock to the patient. The attending physician enlarged and cleaned the cavity and a further exploratory incision revealed the bowel to be ulcerated and ruptured to the extent of one inch, permitting a constant discharge of fecal matter.

A peritonitis set in which was controlled in a few days. Subsequently a consultation was held with a most renowned surgeon of St. Louis, who advised further enlargement of the abdominal wall and closure by sutures of the bowel, all of which was agreed to by the family and attending physician.

The patient was put under the influence of chloroform, the cavity enlarged, the gut taken up, cleaned and united with catgut sutures. The cavity was also thoroughly cleansed, (which at the time of operation did not discharge pus) and the parietes were united with deep sutures.

Strict attention was paid to diet, the bowels were put in "splints" by opiates and the patient did well for four or six weeks, the external wound having by this time apparently healed. Only some tenderness remained, when shortly after the abdominal wall ruptured again, discharging pus and fecal matter. A further consultation was held with the same result as the previous one and the fistular opening was united in like manner as the first. The second venture unfortunately met with like disappointment as did the first. The united surfaces of bowel and parietes again broke, which left the case in the old position, only perhaps less favorable for treatment.

The third attempt to bring the parts in apposition deviated in this manner. A transverse incision was made in the abdominal wall two inches above the original wound, down to the bowel. The gut was taken up and partially brought without the opening. The ruptured surfaces were united again with sutures and treated in similar manner to the first and second operations. This last operation, to the great chagrin and disappointment of the surgeon, failed in a like manner. All hope of even relieving the patient was considered at an end. From that time on up to the death of the patient, a period of sixteen years, the opening was simply treated antiseptically and a compress of sponge and linen applied once a day.

But to give an idea of the destruction of tissue taking place within the last fifteen years, it is necessary to describe the condition of the wound and the patient within that time. The ulcerated portion of the abdom nal wall became gradually larger until it attained the size of ten inches transversely and seven inches longitudinally. Inflammatory adhesion in the meantime took place of the peritoneum and the borders of sloughing sur-

face and a portion of the bowel was laid bare; the bared portion of bowel measured three inches, having two openings one inch apart. The last opening in the gut occurred a year after the third operation was performed; fecal matter constantly discharged through both openings and was only partially kept back by the compress and bandage. Nevertheless, evacuation of the bowel per rectum took place at all times. Naturally, the patient became very much reduced in flesh. His weight was ninety-five pounds at time of death, and he virtually died of exhaustion.

Between the viscera and the compress nothing intervened but the thickened peritoneum.

At that time surgeons evidently did not consider it safe to perform excision of the bowel. Had that been done the patient might possibly have recovered. It seems that through the fall upon the abdomen a contusion of the bowel occurred, which terminated in an inflammatory ulcerative state of the gut, and correspondingly of the abdominal wall, consequently causing the rupture of both. It developed, however, that that portion only ruptured which was united with sutures and one an inch adjoining. It is evident only a small portion of bowel was involved and excision would have been justifiable under the circumstances.

To be more explicit as to the parts involved and to fully understand the course of the injury from its commencement, an anatomical description is, perhaps, the most satisfactory way. The place in situ at the time of rupture, was in the right iliac region two and a half to three inches above Poupart's ligament to the outer side of the epigastric artery, one and one-half inch to the inner side of the cecum. When the last attempt was made to unite the parts, the incision was to the left of the wound, the epigastric artery being ligated and the peritoneum was also further divided. After the third operation and failure of the same the parietes commenced to slough, involving the muscles of the right iliac and hypogastric, and a part of right hypochrondriac and umbilical region, soon destroying the linea alba and the muscles it is formed by, the rectus abdominis, external and internal oblique and transversalis muscles, leaving nothing but the thickened peritoneum to guard the abdominal viscera from injury. All the viscera could at all times be distinctly outlined through the peritoneum with the fingers.

The sloughed muscles of the abdominal wall were always distinctly defined and the borders perfectly smooth, not in the least ragged; very little hemorrhage took place from the ulcerative borders during the entire period of the case, and a corresponding amount of pus.

SELECTION.

THE BRADSHAW LECTURE ON ANTISEPTICS IN SURGERY.

Delivered at the Royal College of Surgeons of England, December 1885.

BY JOHN WOOD, F.R.C.S. ENG., F.R.S.,

Senior Vice-President of the College; Surgeon to King's College Hospital; and Professor of Clinical Surgery in King's College.

[CONCLUDED.]

Instances of great success in the use of the carbolic spray and gauze method have occurred to most surgeons who have practised it. One instance occurred in my practice, which I will occupy a few minutes in relating.

A youth, aged 16, was sent to me with an enormous abscess, filling the left abdominal and lumbar regions, and extending under Poupart's ligament as far down as the knee. It was associated with a prominent projection of the third lumbar spinous process. The patient was much emaciated, and very weak, while much hectic fever and depression gave evidence of the approach of a fatal termination.

The tumor was aspirated several times, but a semisolid pulpy mass of debris, which would not pass the aspirating tube, always remained, and the pus reaccumulated rapidly. I then, with all the precautions possible, and under the spray, made a free incision outside the prominent lumbar spinous process, evacuated, by gentle sponge-pressure, the pulpy and other contents of the abscess, and found and removed a piece of exfoliated bone from the side of the body of the diseased vertebra. Very little discharge of any kind afterwards appeared. The patient was placed on an inclined plane, with the shoulders lower than the pelvis and legs, a bandage was placed on the leg and abdomen, and double extension was applied to the feet. He recovered rapidly, and the thin discharge which followed was aseptic throughout, without even a sour smell. The patient is now walking about well, with the wound quite healed.

This case illustrates forcibly the remarkable power which carbolic acid possesses in preventing the formation of pus-cells. A sim-

ilar effect is seen in its action upon granulating surfaces. If continued after cicatrization commences, it retards the progress of healing by destroying (when in a more or less concentrated form) the epidermal nuclei. Then the discontinuance of the carbolic applications accelerates healing. This property seems to be not entirely dependent upon its antiseptic power. Nitrate of silver possesses ten times its antiseptic power, but, as is well known, it promotes the cicatrization of a sore. The sulphates of copper and iron, with four times its antiseptic power, also promote cicatrization. Carbolic acid, especially in the form of spray, but also when the solution is simply injected, has, again, the advantage of giving off its vapor at the temperature of the body, so that it enters and fills abscess and empyemic cavities, sinuses, and burrowing tracks, where putrefaction may be lurking, to spread again septic influence.

The more solid non-vaporizable antiseptics, even though more powerful in direct contact, cannot do this. On the other hand. the vaporizable nature of carbolic acid, and of some other antiseptics, makes them more difficult to retain in the dressings. Although by the use of paraffin and resin, with its jacqurnette covering, Sir Joseph Lister succeeded in checking this waste to some extent, these dressings cannot be kept on safely for more than two, three or four days, if the amount of discharge be great. In such cases the advantage of infrequent dressings is to some extent lost. In country practice, and in the army, this loss of efficiency is frequently serious, and putrefaction destroys much of the beneficial effect previously obtained.

There is little doubt that the use of the carbolic spray carries with it a greater certainty that the air of the room, the instruments, the clothing, and the hands of the operator and his assistants, are perfectly pure, and less liable to accidental contamination. The wound is washed, as the operation proceeds, from loose clots and detached portions of tissue. It gives a greater sense of security that the patient has been effectually shielded from septic infection. The carefully packed gauze dressing aids the desired result more or less perfectly. But the discharge is apt to pass under, instead of through, the packing, along and between the skin and dressing, and to become septic by exposure. The simultaneous use of the absorbable antiseptic ligature is a powerful aid to success, by allowing an entire primary healing to the deepest parts of the wound. Since I have employed carbolized catgut, and tendon-ligatures cut off short, secondary hemorrhage has been very rare—I may say, indeed, almost abolished— in my hospital practice; while erysipelas and pyemia, except in imported cases, are equally seldom seen. Surgeons, I think, agree that the scourge of hospital gangrene has become, since the period of antiseptic practice, quite extinct. Not less virtue do I attribute to the use of free and skilfully applied drainage. With these improvements combined, quick and primary union has been the rule, and there has been very little trouble in the after-treatment.

But these good results of the Listerian combination have not been unattended by drawbacks, some of a serious nature. The picture of the benefits of the carbolic spray and gauze has its reverse side. The most important item on the "per contra" page is the production of carbolic poisoning. I have in many cases had some indications of this injurious effect, evidenced by colicky intestinal pains, nausea and vomiting, olive-colored, sedimentary, and pellicled urine, and a temperature raised to 101°.

A slight degree of these symptoms I do not look upon as at all serious. They can easily be got rid of by diminishing the strength of the materials and solutions employed, and are sometimes coincident with improved symptoms in acute burrowing thecal or other abscesses, or in suppurating cavities. In one case, however, I was strongly led to attribute the fatal result which ensued, to an overdose of carbolic absorption, after the use of the spray and gauze, with injection of carbolic lotion, to purify an old sinus from diseased bone, among the muscles of the forearm. In this case, the vomiting after the operation, beginning on the same night, and accompanied by abdominal pains, was incessant. The operation for the removal of the dead bone was by no means a prolonged or a severe one; there was little or no bleeding, and no symptoms of shock. The patient died the next day from exhaustion. The occurrence of even one such case as this forms a serious objection to the indiscriminate use of the method.

The next item in the array of mischance is the occurrence of carbolic irritation of the wound and skin, in persons with thin cuticle and sensitive integuments. These patients gave few or no previous indications of the peculiarity, and were treated exactly like others, who had no such symptoms, and were dressed in the same manner, with the same gauze and protective. When this has occurred, I have used the eucalyptus gauze, but cannot speak highly of its power as an antiseptic. More satisfactory results were obtained from the salicylic wool, of about five to ten per

cent of strength. When well placed and skillfully packed around the wound it has proved both efficient and comfortable. Again, if the efficiency of the spray and gauze combination be tested too severely, by being kept on too long, and putrefaction has fairly set in, the stench on removing the dressing sufficiently indicates that the latter end of the case is worse than the beginning. I have witnessed serious symptoms of broncho-pneumonia, with depression of the heart's action and shock, after keeping the patient long exposed to the chilling action of the spray in a prolonged operation, especially in cold weather. This can be provided against, to a great extent, by keeping the patient carefully wrapped in a warm blanket, under a waterproof covering, and his feet covered with warm socks and list slippers. Such an increased necessity for unremitting attention and foresight on the part of the surgeon, who is reponsible for the proper treatment of his patient, is an additional, and often a severe call upon his vigor and vigilance.

There are also considerations which become important in the interest of the surgeon himself, as distinguished from that of his patient. It frequently happens, that the spray and carbolic washings and cleansings affect seriously the health of the operator constantly engaged in this work. One well known and remarkably successful ovariotomist had his kidneys so seriously affected by carbolic absorption, that he was obliged to give up entirely the use of the spray and gauze method; and it is said that his cases did quite as well as when all the Listerian precautions were carried out. Another eminent ovariotomist, after adopting the same precautions for some time, at length reverted to his former reliance (well justified by the excellent results which he had obtained) upon the scrupulous care, cleanliness, and disinfection of his hands and instruments.

A curious question here suggests itself. How is it that, in operations supposed especially to demand the most careful and complete antiseptic arrangements, and a thorough cleansing of the peritoneum, the whole of the strictly Listerian system of precautions have been gradually discarded? The obvious conclusion is, that other antiseptic ways have proved equally effective, and less objectionable in practice, when equally carefully carried out. A minor inconvenience attendant upon the employment of the spray, but one which, I believe, has tended to promote the opposition to, and the neglect of, it in Germany, is its effect in obscuring the vision in weak and near-sighted operators during the most critical stages of the operations in which they may be engaged, by the condensation of moisture upon spectacles and eye-glasses. Even without these sometimes necessary, but always troublesome appendages, the wavering motion given to the steam and air by the spray-producer tends to perplex and to incommode the operator, until he becomes so much used to it as to be able, in some measure, to disregard it. Again, the ponderous nature of the machinery, the cumbrous materials, and the numerous and minute precautions of the strictly Listerian method, render it difficult to carry them out, and often impossible to continue them, in country practice. Besides the trouble of getting them together in case of a sudden call to operate at a distance from London (which might, by constant practice, be got over), there is the very probable chance that the country practitioner may be so deficient in the management and material of the Listerian methods, than any approach to accuracy or effective completeness is rendered impossible.

The substitution for the spray of a constant dropping of the antiseptic fluid from a sponge or bit of muslin has been quite efficient, when thoroughly carried out by an assistant not more careful of observing others than in attending to his own duty. If the patient be carefully dressed after the operation with a proper amount and thickness of antiseptic padding in the most dependent drainage-tracks, and if there be no great oozing or intermediary hemorrhage, a period of four to five days may be got over without any septic change, and the wound healed so far as to render any want of precision and effectiveness in dressing less injurious to the patient.

It has also been objected to the spray, from a scientific point of view, that the commotion and whirling vortices produced by the steam-spray in the air, are as likely to carry bacteria into the wound or cavity which may be open, as to destroy them therein, or to render them innocuous in the tissues. Considerations like these, together with the uncertainty which prevails as to the extent of the true microbicide powers of the carbolic acid when diluted with steam, and also as to the extent of the inhibitive influence of the indeterminate vital factor x, before alluded to (aided simply by the excessive cleanliness resulting from the spray), have led to the gradual discontinuance by most surgeons of the use of the spray and gauze. The German and French surgeons seem to have discarded its use for some time. One cause of the discredit into which it has fallen in hospital practice is undoubtedly the great costliness of the dressings of gauze, both carbolic and eucalyptic, rendering it impossi-

ble to continue its general use in charitable institutions. And, although this cause may not equally operate in private practice, yet the constant practice necessary to manage it with automatic accuracy by the hands of assistants, dressers and nurses, is only to be obtained in hospitals. Sir Joseph Lister, with that courageous adherence to the truth of his convictions which is his characteristic, has at length himself discarded its use, and has, with the steady perseverance which also distinguishes him, turned his attention and experiments towards the adaptation of the well-known antiseptic properties of the bichloride of mercury. This substance has been, for a considerable time past, extensively used, both in this country and on the continent. It has the advantage of cheapness, and is easy to procure in any quantity that may be required. Its insolubility in albuminous fluids renders it somewhat intractable. In the form of gauze-dressing, it was difficult of diffusion, and apt to accumulate irregularly at various parts, and to be wanting altogether in other portions. At the more concentrated parts it set up skin irritation, and endangered noxious absorption. Solution in spirit of wine and glycerine does not entirely remove this objection, while it greatly increases the expense. The desired unirritating solvent for corrosive sublimate is found in the hydrochlorate of ammonia. The solution of the bichloride of mercury of the British Pharmacopœia, is the form of preparation most simple, as well as most easily available, for antiseptic purposes. It was known to the ancient and medieval chemists and alchemists by the name of Sal alembroth. It affords the desired solubility, and an equable and exact diffusibility. It can be taken up by absorbent cotton-wool, and dried with tolerable certainty as to its strength. It can be used as a wash over the wound, by simply dipping the prepared cotton or wood-wool in pure water and squeezing it over the wound. Thus it affords a simple, portable, convenient, and readily applied antiseptic. And it possesses the desirable quality of being cheap, and suitable for hospitals, and for army and navy practice. It is a most powerful microbicide, so dilute a solution as 1 in 1425 being sufficient to destroy putrefactive fermentation, and to render bacteria innocuous. It is employed of the strength of 1 in 1000 and of 1 in 500; the first to prevent and the last to destroy putrefaction.

If, on further experience, it be found that this substance is equally effective in practice as in theory, and is not, when plentifully and habitually used, injurious either to the wound, the general health of the patient, or to the hands and instruments of the surgeon, it will become a favorite mode of dressing wounds. We are thus again furbishing up for active use the old weapon mercury, with which our forefathers did so much execution upon their patients.

I have lately been trying a dressing less open, perhaps, to the suspicion of noxious effects. It is a solution of the peroxide of hydrogen or oxygenated water, a preparation well known for its chemical efficacy, and manufactured in quantities for the purpose of bleaching hair. It is, I believe, absolutely non irritating, and is very convenient in its application. A piece of absorbent cotton is dipped into the solution, squeezed over the wound as a wash, and then laid upon it as a dressing. Over this a piece of thin gutta-percha tissue or oil skin is laid, and covered with a layer of absorbent or salicylated cotton-wool, and bandaged lightly. In deep sinuses and irregular wounds, it may be used with a syringe or irrigating apparatus and double tube.

As a microbicide, the peroxide of hydrogen is one of the most powerful agents known. So small a proportion as one part in 2000 is efficacious in preventing the beginnings of putrefactive fermentation, and destroying the activity and propagation of bacteria and micrococci of all kinds. It is absolutely innocuous, and is quite free from any suspicion of local or constitutional irritation. Its active properties are due to oxygen in the form of ozone, an agent which is a normal constituent of the healthy blood, and upon the action of which has been founded a theory of the neutralization of the bacteria present in the tissues of healthy animals, and the prevention of the propagation changes which they may undergo, rendering them active agents of septic infection under certain conditions of the system, which a plentiful supply of ozone may remedy. It is, however, an unstable and easily decomposed compound, prone to change by easily giving off its supercharge of nascent oxygen. This property is, in many conditions, certainly advantageous; the gaseous oxygen in the condition of change enters all the intricacies and pouches of a sinus, abscess, or joint-cavity, and thus effectually fulfils its antiseptic mission. It has, I believe, a decided and remarkable effect in diminishing and arresting the formation of pus-cells. For clearing suppurating joints, it may be used with great advantage. I have used it of the strength of 1 in 500, or even stronger, for this purpose, by means of an ordinary irrigation apparatus, provided with a double,or entrance and exit, tube. It can be carried in a con-

centrated form in a well stoppered blue bottle, kept from the light, and diluted with pure water to the required strength. Its weak point is its unstability; the ready escape of its effective gas renders it less applicable as a permanent dressing. If so used, it should be well covered with gutta-percha tissue, or associated with a more permanent non-gaseous antiseptic, such as sulphate of copper, or chloride of zinc. It is not very costly, being made in large quantities for bleaching purposes, and may become cheaper in consequence of greater demand and easier supply.

When the condition of the wound is such that the hastening of the cicatrization process is desirable, and antiseptics, such as carbolic acid, are found to retard this by their action upon cell-growth, I have found a very dilute solution of the nitrate of silver useful, both as an antiseptic, as a detergent agent, and to promote cicatrization. Its power as a microbicide is also very great, as (according to Miquet) so weak a solution as 1 in 1425 is effective in destroying the noxious qualities of microbes. This agent, again, is rather expensive, but its universal use as a solid application (in every surgeon's case) and the very dilute solution required (1 in 1000, or 1 in 500) somewhat diminishes this objection. It is most useful, again, in the latter stages of a case of ulceration. As substitutes, dilute solutions of the sulphate of copper, zinc, or iron, are cheaper for hospital practice, and also affect the granulations favorably, checking suppuration and promoting cicatrization. The sulphate of copper has as much relative microbicide power as 1 in 110; while that of the chloride of zinc is one in fifty-two, and the boracic acid one in thirteen only.

It has been said of preventive measures that they are under the disadvantage of never seeming to be less needed than when they have been most successful. This is especially the case with that part of preventive hygiene to which antiseptic remedies may be said to belong. Their good effects can, almost always, be attributed, with more or less of plausibility, to the vital and resisting powers of the constitution of the patient. But, I venture to think that there is at the present time a growing opinion that antiseptics are an intimate kind of hygienic agent, for preventing, and ultimately extinguishing, the causes of blood-poisoning; and, moreover, that there is a possibility that some way of administering them by the mouth, or some other method, may convey them into the circulation of the patient with safe and beneficial effects. And if, in spite of, or because of, an imperfect application of such measures of hygiene, these and similar blood diseases still occur sporadically, does this mean that active measures of this kind are of no use? Does it not mean rather that hygienic and preventive activity should be redoubled?

The miscarriage of precautions, in some instances, may deter the young surgeon from attempts to improve his treatment by careful experiment, and may tempt him to rest contentedly upon the old ways, and to leave chance and the laws of Nature to settle his patient's matters between them. This fault is natural. It is human. It may almost be said, in some instances, to be humane.

To add more to the already long list of antiseptic applications may, to some, seem superfluous; but we have by no means reached finality. Cases differ, both minutely and widely. and what suits one case may not do equally well for another. The medical practitioner, to be successful, must have a well filled pharmacopeia; and he is obliged, above all things, to be eclectic,

It may happen, on the other hand, that some successful cases have occurred consecutively in his practice. He may form upon them crude conclusions, which come under the category of views; and he may be in haste to publish them, in order to obtain the benefits of priority. This may so influence him that he scarcely takes time or pains to ensure his results, or to know the results of others. Each experimenter may be striving his utmost to avoid the fate which overtakes the hindmost. The dangerous epigram of the French surgeon, "L'audace, toujours l'audace," prompts him, with the immense aid afforded by anesthetics and antiseptics, to risky achievements. He does not, perhaps, keep before his mind that this audacity has its sober limits, as well as its unlimited tendency to mischief.

It is not difficult to be brave at the expense of one's patients. If, in search of notoriety, Empedocles plunged into the crater of Etna, such a foolish act was at least more to his credit than if he had thrown one of his friends into the vortex of a burning question, to decide a point as to the limits of resistance of the living human body to dissolution by cremation.

Sanguine expectations of good results do not justify the imposition of the great risk, incurred by their failure, to the life of the patient, who must necessarily trust implicitly, and who is ignorant of the real amount of the danger which faces him. But, notwithstanding all these considerations, I am not the less assured that the area of surgical relief to human suffering has been enormously

increased by the use of anesthetics and antiseptics.

And while I equally believe that the patient has a vastly preponderating chance of escaping the dangers of blood-poisoning, under a careful and well planned combination of hygienic and antiseptic precautions, I do not think that these will absolutely, necessarily, and in all cases, prevent its occurrence. Still less do they render desperate operations justifiable. And yet, I have but little sympathy with the state of mind which sees the chief value of a thing in the fact that it has been, and is, and therefore should continue to be!

Progress is good, if it be sound progress. That it should be good and sound, is pre-eminently a desideratum in the art of healing. This deals with the health and the life of a man, and is of infinitively more value to him than politics or trade. Such proceedings as may lead the public to believe that the surgeon experiments upon the living body of his patient, as the physiologist is thought to do upon that of animals, without due respect for the sanctity of life, and without the authority of necessity, must ultimately produce a deplorable reaction from the high respect and reverence which the medical profession bids fair to obtain in the future, above all other professions. And this cannot but be disastrous, both to the welfare of society and to the influence of the profession upon society.

From the foregoing, among many other considerations, it appears to me that the relative efficiency of antiseptics in different hands, and under varying circumstances, is very difficult, if not impossible, to estimate by the statistical method. Cases vary much; scarcely two are exactly alike. The influences which surround, and act, directly or indirectly, upon them, in other ways than by dressings, render the comparison apt to be variously determined by different minds and from different points of view. Each surgeon will do best, I believe, with the means at his disposal, to compile his own statistics for his own guidance, from his own experience, and from his own standpoint. He may be confident that the wisest questioning will bring the wisest and most direct answer; that his results will depend most upon the care bestowed upon his patient, the exactitude of his record, and the accuracy of his judgement, and that his time will be better spent upon these things than by wrangling over his comparative statistical success with his fellow-labourers upon the same lines. The army of workers in science and art may be compared to a compound ameboid creature, putting forth feelers in all directions into the mass of Nature's pabulum in which it is involved, and working with slow strivings its way to the light. The feelers will be often withdrawn without the desired result, while another trial will meet with more compensation. Let each strive to find the best and shortest way through this perplexing region, thankful to any one who can guide us to a better way. We may often find ourselves in a cul-de-sac; and we may, as we have seen in the foregoing brief review, sometimes have to retrace our steps; but we shall get upon the right road at last, and even then our horizon will always be in advance of us. Many devious labyrinths and apparently hopeless obstructions will delay us in our progress, and we shall not fail to be reminded many a time of the truth of the celebrated Hippocratic aphorism, "Life is short; but art is long, the occasion fleeting, experience fallacious, and judgment difficult."

The President has reminded me of the fact that in the month of December, 1785, John Hunter first tied, at St. George's Hospital, the superficial femoral artery for the cure of popliteal aneurysm. Two preparations which occupy a prominent place in the museum which bears his name, were made according to Sir E. Home, from the first and fourth cases in which he performed that operation, to show the collateral circulation, as it was found after the death of the patient some years subsequently. It seemed but a small thing to shift the site of the operation from the popliteal space close to the aneurysm, where it had been done many times before with fatal results, to a few inches further up the thigh; and yet how great the difference in the success of the operation! And what important principles were enunciated with respect to the safer establishment of the channels for the blood-nutrition of the limb, to a more healthy condition of the artery at the selected point, and to the easier performance and bloodless character ofthe operation! We, who in this college, are surrounded on all sides by the proofs of his industry and genius, and who esteem his memory so highly, cannot let pass the first centenary of this important event, which constituted an epoch in the history of surgery, without giving due honor to one of our greatest men. The difficulties of scientific investigation which we have before us were felt by Hunter and his contemporaries even more; and the moral of the observance will best be found and honoured by patiently and stoutly dealing with them, so that haply we may overcome them as successfully as Hunter did, with more imperfect means and appliances, in his day and generation.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

Stated meeting, January 16, 1886. The President, E. H. Gregory, M. D., in the chair.

SARCOMA OF LIVER.—SPECIMEN.

DR. MEISENBACH stated that the specimen, which included the liver, colon, spleen, stomach, and gall bladder was obtained from a woman whom he first saw last fall. She was 35 years old and complained of stomach cramp and spasmodic colicky pains in the hypochondrium. No enlargement or tumor was to be found. The cramps were referred to reflex irritation; she had endocervicitis endometritis and erosion of the os uteri, which improved under treatment. Her general health did not get any better. There was also a pain in the left groin over Poupart's ligament, nothing abnormal being detected except an enlarged inguinal gland which seemed tender. Complete rest afforded some relief. Two months ago she complained of pain in the right and left hypochondrium. There was then enlargement of the right lobe of theliver, indigestion, dyspepsia and colicky pains. It was thought to be probably gall-stones. The enlargement grew,extended to the left lobe, and the liver became nodulated. Local peritonitis developed and she died. Two weeks before death, Dr. P. G. Robinson concurred in the diagnosis of cancer of the liver. There was slight edema of the feet, moderate ascites and a light icterus. The post-mortem was made twenty-six hours after death. There was emaciation, abdomen discolored, its cavity moderately filled with serum. The stomach was displaced vertically by the liver which extended to the spine of the ileum on the right, and the left lobe went into the left hypochondrium. The gall bladder was moderately filled with bile, and contained gall-stones. The retro peritoneal glands were infiltrated. The ascending and transverse colon were free from any deposit. The sigmoid flexure was infiltrated to a point just below the hypersensitive inguinal gland, The spleen, kidneys, stomach and duodenum were normal, as also the pancreas. The question involved is whether the cancer in the liver was primary or secondary? Frerichs says that three-fourths of these cases are of secondary origin; of the one-fourth which are primary two-thirds occur in some organ connected with the portal circulation. The speaker thought that this originated in the sigmoid flexure of the colon; then occurred in the retro-peritoneal glands and in the liver. It is possible that, being insidious, it produced the colicky pains by encroaching upon the cystic ducts and obstructing the flow of bile. He regarded it as a sarcoma, on account of its rapid development.

DR. COLES inquired if there was any symptom of obstruction of the bowels.

DR. MEISENBACH stated that there was none except constipation such as is found in connection with uterine disease.

DR. COLES said that there was no stricture at the sigmoid flexure in the specimen, and that growth seemed to be firmer here. It was possible to have a scirrhus in the bowel and secondary sarcoma in the liver. He thought secondary cancer was always of a softer variety. He cited a case in point where a primary scirrhus existed in a Fallopian tube midway between the uterus and ovary and a secondary sarcoma developed in the liver.

DR. BORCK stated that cancer of the duodnum is never found in connection with cancer of the stomach or liver; it is always free.

DR. DEAN thought that these epithelial tumors are more likely to spring up where two forms of epithelium come in contact, as the edge of the lip, the pylorus, cardiac orifice of stomach, anus, etc. They are also found where the greatest amount of friction, and resistance is met with.

DR. E. A. CHANCELLOR read a paper written by Dr. J. E. Tefft, of Springfield, Mo., corresponding member, on

A CASE OF RUPTURE OF THE LIGAMENTUM PATELLA.

On Nov. 16, 1885, M., was knocked down by an iron bar. His forehead and nose first struck the ground as also the lower third of the right tibia. His right knee was injured. When seen a half hour later there was no external injury to the knee. There was an inability to extend the leg, but it could be everted. A distinct gap existed above the tubercle of the tibia, the patella being displaced upward three-fourths of an inch and turned slightly outward. The patellar ligament was ruptured at its tibial attachment and the internal ligament of the joint also broken. A splint was applied, and when the swelling and inflammation had subsided, an effort was made to fix the patella in the median line. The cause was indirect violence and forcible extension. Jan. 4th, 1886, no tenderness or pain; the patellar ligament has united, the patella being in the same situation. The leg cannot be everted and can only be flexed at a right angle. He walks with some lameness; in a few months, the limb will probably be restored to usefulness. Retractions of the patella are generally slight,

one-fourth to one inch. In cases of greater retraction the attachments of the patella are torn away. The patella is only under limited control and the average displacement to allow is one-fourth of an inch. An exception to this is where the fractured patella or ends of the torn ligament are wired together, and should be done when the fragments cannot be brought within an inch of each other.

Dr. Meisenbach said such cases were troublesome to manage. If a fracture is bad and approximation not to be gained by splints, it is best to cut down immediately and wire the fragments together. Very good results have been claimed for this method, and with the use of antiseptics it is not such a formidable operation. He considered splints as often cumbersome and inconvenient.

Dr. Borck agreed in the main with the last speaker. He would not be in a hurry to wire or trust too much to antiseptic methods. If a case is seen at once it is surprising to see the good results which follow. He had success in some cases with Hodgen's splint, and poor results in others.

Dr. Lutz stated that the method which ensures the most serviceable limb with the least danger is the one to choose. Elevation of the foot and pressure on the upper fragment is enough to secure union. Macewen states that ligamentous union is so frequently obtained and osseous so rarely, because the aponeurosis of the extensor quadriceps is driven down over the upper fragment and firmly embeded in the broken surface. He wired the fragments in a case at the suggestion of another. He regarded the opening of a large joint as a dangerous procedure, as grave as opening the abdominal cavity. Besides, osseous union does not give a better limb. Where effusion exists in the joint it ought to be drawn out with an aspirator.

Dr. Dean had seen two cases of rupture of the ligamentum patellæ. Had had good ligamentous union by means of a posterior splint approximation of the fragments. He had seen a case of another physician's in which wiring was followed by a bad result and he had cut down a second time; the tissues had remained between the fragments and a part of the bone absorbed.

Dr. Fairbrother had treated five cases of fractured patella, and the separation always was more than a half inch, although he followed them closely. He remembered one case in particular where the man obtained a fair leg, but could not kick. He thought that a roller bandage wound tightly about the leg prevented separation better than a figure of eight bandage.

Dr. Pollak spoke of a case he saw Dr. Gregory treat, in which the separation was only one-eighth of an inch.

Dr. Atwood related a case of an old man. The fracture was stellate and the three fragments drawn widely apart. He used a single inclined plane, fastened adhesive straps in figure of eight style, and had union with separation of one-eighth to one-fourth inch. This union was ruptured by an accident, the same treatment given resulting in a favorable result. He walks well.

Dr. Dudley was surprised that no mention was made of the ring treatment of Dr. Gibson, who formerly resided here.

Dr. Dean had used another device when the separation was not extensive. A posterior porous splint was applied, and anteriorly a splint out of which a portion, of the shape of the patella, had been cut.

Dr. Borck stated that no allusion had been made to the ring treatment because it is out of date. He tried it and it was not satisfactory.

Dr. Hughes knew Dr. Gibson and his method. If the latter was carefully carried out it retained the parts in apposition easily. He had never seen a case unite except by ligamentous union.

Dr. E. H. Gregory could add but little to what had been said. He did not think a bloody operation warrantable where a good result could be obtained without it. Perhaps he had been fortunate, but in a surgical experience of more than forty years he never saw an unsatisfactory result after fracture of the patella. Of course, he did not mean to say that it was bony union, or that there was not an interval of a half to one inch. He wished to enter a protest against this bloody innovation. He referred to Malgaigne's hooks and rings. He was satisfied that the point to be obtained was immobilization and position. In the case referred to by Dr. Pollak, he used a popliteal splint and placed two strips of adhesive plaster, the adhesive surface up, one on each side of the patella along the limb. With two others he embraced the limb and first strips and splint. The first plasters were drawn over in opposite directions and attached to the thigh and leg, a roller bandage on this and an inclined plane. The foot was placed about six inches higher than the buttocks. In regard to the separation of the fragments, Hutchinson, of London, has suggested that it is due to effusion, and hence, immobilization is the most useful. As to the displacement due to muscular action, it is exceptional, and after being kept quiet the muscles have no tendency to contract.

CORRESPONDENCE.

NEW YORK LETTER.

New York, Jan. 15, 1886.

Editor Review: The case of Brown vs. Purdy, the particulars of which I have already stated, is still a topic of conversation in medical circles. An endeavor is to be made under the auspices of the county medical society to secure a reversal of the verdict. Almost five thousand dollars have been subscribed to defray the necessary legal expenses. The verdict is denounced as unjust by every one who has inquired into the merits of the case. It is confidently expected that its reversal will be obtained.

At the last meeting of the Surgical Society a paper was read by Dr. C. K. Buddon, on Nephrectomy.

The force of Sanitary Inspectors on the Health Board has been diminished. The Board of Estimate has cut down the annual estimate over twenty-five per cent from last year's figures, and retrenchment is now the word at the Health Office. It is rumored that this is a political move, but other departments also have had their appropriations cut down. It is hoped that this reduction will not seriously interfere with the city's health. All danger of an epidemic of small-pox is now regarded as past. Occasionally, one or two new cases come to light. Too much praise cannot be given to Dr. James B. Taylor, the efficient head of the bureau of contagious diseases and vaccination for the thoroughness of his administration.

The operation of laparotomy for gun-shot wound of the abdomen was recently performed at Bellevue Hospital. The patient, a young man of good physique, rallied from the shock of the operation, but speedily succumbed to peritonitis. The only successful cases of this kind here are those of Dr. W. T. Bull and Dr. F. H. Hamilton.

Contributions for the hospitals, anent the "Saturday and Sunday collections," are still coming in. The amount thus far reached is over thirty-five thousand dollars, a decided increase over last year.

The position of Health Officer of the port of New York will soon be vacant by the expiration of the term of the present incumbent, Dr. Wm. H. Smith. As the annual revenue from the position exceeds fifty thousand dollars, it is safe to say that the position will not go begging; particularly as the incumbent is ex-officio a member of the City Board of Health, and has a share in the disposal of its patronage.

At the last meeting of the Pathological Society, occurred the annual election of officers. Dr. J. Wyeth was re-elected president; Dr. T. M. Prudden was chosen vice-president; Dr. W. M. Carpenter, secretary; Dr. J. H. Hunton, treasurer; Dr. John C. Peters, editor. The treasurer's report showed that there was to the Society's credit over fifteen hundred dollars.

Preceding the business of the meeting were the usual presentations of specimens. Dr. A. G. Gerster presented a specimen of periosteal sarcoma removed from the right thigh of a girl, æt. 26, a teacher by occupation. Three years ago she fell down stairs, but suffered at the time from no perceptible injury. Then a gradual swelling occurred at the knee-joint, causing no pain, but mechanically impeding movement at the joint. On examination there was a hard, non-moveable tumor growing from the right thigh; no crackling on pressure; exploring needle did not penetrate it. In the popliteal space there was a moveable body judged, and afterwards proved to be, a group of enlarged and infiltrated glands. The tumor was superimposed on the bone, and there was not the spindle-shaped swelling usually present when the shaft of the femur itself is involved. About two months before operation the growth was more rapid, the inguinal glands on that side were enlarged, and the patient became cachectic. Amputation was performed above the condyles. The neoplasm was confined to the diaphysis of the bone, the joint not being involved. Dr. Gerster also presented specimens of myxo-sarcoma of the testes, undescended testicle and hernia, and of retention cyst of the submaxillary gland. In regard to so called "radical operations" for hernia, he regarded the term as incorrect. Patients were often helped by these operations, but the cure was by no means "radical."

Dr. Wyeth had had similar experiences. Out of some twenty operations he could recall but two permanent cures.

Dr. Knight presented a small fibroma of the vocal cord, removed by McKenzie's forceps. The patient, a man æt 57, had hoarseness, cough and some laryngitis. Six days after the operation he was perfectly well.

Dr. Prudden showed a specimen illustrative of congenital absence of the left kidney. The organ on the other side was a little larger than normal. He stated that up to 1883 Guttmann had collected reports of eighty cases. Dr. Carpenter knew personally of several cases. Dr. Northrup said the condition was very rarely, if ever, noted in autopsies on children. Dr. Gerster had seen one case in a child where there was an occlusion of the ureter of the existing kidney at the bladder.

The most interesting specimen of the evening was presented by Dr. A. Jacobi, in behalf of a candidate. It was a supernumerary mammary gland, removed from a woman, æt. 27. Her fam-

ily was cancerous, and she had always been on the lookout for tumors in her own body. In the fifth month of her third pregnancy a small tumor was noticed in her left axilla. It gave occasional pain, and grew slowly but steadily. Soon a small lump appeared in the left breast, but did not enlarge. The axillary tumor was oval, somewhat nodular in outline but having the feel of a lipoma. There were a few enlarged lymphatic glands in its vicinity. On puncture it exuded a fluid of about the appearance and consistency of thin milk. The skin over it was slightly adherent. It was removed and the wound healed well. The lump in the breast disappeared. Examination of the removed mass showed it to have acini aud lactiferous ducts like a mamma. but it had no nipple. The lumen of the ducts was in places filled with a cell aggregation like the cell-nests of epithelial cancer, but the cells did not infiltrate the connective tissue. Colostrum were found in the intumescent glands.

Dr. Gerster regarded these supernumerary glands as more frequent than is generally supposed. They generally occurred in fat women and those who naturally had large mammæ. Often they had a long duct which would run to the nipple of the normal gland, though the supernumerary gland might be some distance away.

Dr. Northrup gave a demonstration of Dr. O'Dwyer's "croup tube," the insertion of which in the larynx often obviates the necessity for tracheotomy. It had been used in the last twelve cases of croup at the New York Foundling Asylum. Three cases had recovered. A fuller account of the tube will appear in my next.

J. E. N.

DEVELOPMENT OF SEX.

Montrose, Mo., Jan. 16, 1886.

Editor Review: Your notes about controlling sex in generation, REVIEW, v. xiii, p. 26, prompt me to send you the following lines:

The idea that the sexual excitement of either parent should have any influence upon the sex of the impregnated ovum is quite erroneous. Only the ovum and the spermatozoa, or, rather, their material composition, can be the determining agents. Probably the ova alone, but maybe the spermatozoa likewise, decide the sex of the future being. The higher excitement of the father cannot change the ovum or semen so, that the offspring will be female; nor can the higher degree of excitement of the mother change the ovum or semen so, that the offspring will be male. It is not conceivable that a greater sexual excitement should produce another kind of ovum or semen than a lower state. Nevertheless the facts are as Mr. Terry has found them. However, he mistakes for causative agents that are only concomitant circumstances. What sex the future being shall have is already determined whilst the ovum is still within the ovary, or the semen within the testicle. Generally, half of the ova or spermatozoa, of animals living in pairs, will become male, and the other half female offspring—the sexes will be in equal number. This will be the case as long as both sexes retain their propagative qualities in an equal degree. But whenever these propensities decrease in one sex, nature will compensate by creating a greater number of that sex. If the female is weaker, has less sexual desire, nature will tend to produce more females, so that the possibly greatest amount of life be manifested. Now, nature cannot adapt herself to the surrounding conditions as fast as Mr. Terry supposes. Her work is slow, almost imperceptible, and it takes her generations to accomplish it. The many instances in individual families that Mr. Terry and all of us have seen, are already the results of nature's action through a long line of ancestors. And the differences in sexual capacities and desires are likewise, more or less, the result of that same long acting design in nature.

The exact mode of this determination is quite unknown, as yet, and we certainly shall be glad to learn how it is. However, Mr. Terry's explanation is altogether unsatisfactory, and the practical application of his theory will have no success.

Respectfully, JOHN SCHILLING.

ITEMS.

—The University of Heidelberg celebrates its 500th anniversary in August of this year.

—The Analectic, published by G. P. Putnam's Sons, will hereafter be conducted by Dr. R. W. Amidon.

—There are said to be 120,000 practitioners of medicine, including non-graduates, in the United States.

—The Journal of Reconstructives, Dietetics and Alimentation, a journal for circulation exclusively among the medical profession, is a new publication, by John Carnrick, of New York.

—The American Practitioner and News is the name of the consolidated American Practitioner and Louisville Medical News. It is a bi-weekly, and comes to us in good appearance and with well chosen contents.

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FRACTURED PATELLA—SWAN'S OPERATION.

In our last issue we made reference to a novel procedure in transverse fracture of the patella, consisting in section of the quadriceps tendon. Mr. Swan, surgeon to the Dublin Orthopedic Hospital describes the method in the British Medical Journal of Jan. 9. He says:

From a prolonged and attentive study of the cause of difficulty in adjustment, and from the success obtained in two cases where I was enabled to adopt the treatment alluded to, I am firmly persuaded that it allows perfect apposition of the fragments, and, that if immediate adjustment be obtained, osseous union will follow. There is no subsequent inconvenience occasioned by the section of the tendon. A limited passive motion of the joint in four weeks showed no separation of the fragments. Walking was not permitted for twelve weeks.

The following are the steps to be adopted. An Esmarch's bandage having been applied to the limb, a vertical incision, four inches in length, is made, commencing one inch above the base of the patella, through skin and fascia down to tendon. The coverings having been reflected, a transverse incision is made through the tendon, carefully avoiding its posterior investment at the centre of the incision, or three inches above the patellary base. The anterior fibres of the vasti, which are found to act on the aponeurotic bands which cause the upper fragment to revolve on its own axis, and thus produce gaping at the site of fracture, are now divided as much as may be necessary. The fragment is then found to lie evenly in its position.

Strict antiseptic precautions, physiological pressure, and avoiding the disturbance of reparative processes, ensure a speedy healing of the wound. No hemorrhage of any consequence is to be apprehended.

CHLORAL HYDRATE AND HEART DISEASE.

According to L' Union Médicale, Germain Sée says that chloral is efficacious in all heart affections, especially in those that are attended by increased blood pressure or energetic heart impulse, and also in cardiac dyspnea with or without insomnia.

If, however, a weak heart exist, from fatty degeneration or otherwise, then chloral is contraindicated, excepting in very small doses, for fear of provoking collapse.

Chloral acts first, as a hypnotic, second, as a moderator of spinal reflexes, third, as a regulator of the number and force of the heart beats, fourth, as a depressant of vascular tension, fifth, as a modifier of the respiration.

MERCURIAL OXIDES IN SYPHILIS.

Dr. v. Watraszewski, of Warsaw, who will be remembered as a warm advocate of the use of calomel in syphilis by hypodermic injection, communicates to the Centralblatt fuer die med. Wissenschaften a preliminary announcement of further work on his part. His results with calomel were excellent, and he gave the method a full trial during a year and a half. He noted, however, that in certain individuals the calomel injections were followed by languor and depression, by diarrhea, and swelling and neuralgic pain at the site of injection. Abscesses do not develop if proper care be taken.

The above mentioned observations prompted Watraszewski to give other combinations of mercury in powder form a trial. After

employing them all he finds suitable preparations for such use to be the Hydrargyrum oxydulatum nigrum and the Hydrargyrum oxydatum rubrum. These preparations were injected after suspension in water and mucilage, the dosage being from 0,06—0,10 gram.

It is claimed that three to five such injections at intervals of from six to eight days suffice to cause the manifest symptoms of syphilis to disappear. No vexing signs, such as above given, develop; no abscess formed in a series of two hundred such injections.

The patients do not suffer much pain at the point of injection; the local reaction is mild. In these respects the Hydrarggrum oxydulatum has the preference.

Even the late manifestations of syphilis are stated to be tractable under this treatment and Watraszewski intends to continue this mode of treatment and publish his results after a more extensive clinical experience.

The Relation of Syphilis and Tabes.

It is the tendency of the day on the part of quite an array of distinguished neurologists to seek in syphilis and its manifestations in the spinal cord the pathologico-anatomical basis for tabes dorsalis.

In the Charité Annalen, X, R. Jürgens publishes a careful analysis of five interesting cases of syphilitic affection of the spinal cord, and applies his observations to an anatomical consideration of the question of the relationship of the two affections.

Two of the cases described were congenital; the anatomical manifestations were diffuse inflammatory changes of the spinal membranes. In the remaining cases, one of which was congenital, and two of which were acquired, there was specific gummous alteration of the membranes and the cord itself.

After a careful consideration of the fine details of the cases the author concludes that syphilis of the cord bears the character of a diffuse, simple or multiple affection in distinctive foci. The dissemination of the virus occurs by means of the lymphatics principally upon the surface of the membranes. In addition to these two points of difference as compared with the changes met with in tabes, a third striking antithesis lies in the fact that syphilis of the cord has a pronounced descending course of implication, while the anatomical changes in tabes are ascending in character.

Elevation of the Arms.—A Sign of Peritonitis.

In the Lancet, H. A. Lediard notes that with the developments of general peritonitis, be it of puerperal, traumatic or other origin, the patients place their arms in a peculiar position. The hands are placed above the head in such a manner that the elbows are turned outward. This position is pathognomonic. Lediard offers as an explanation that thereby the pectoral muscles obtain a fixed point and are enabled to draw up the ribs; the scapula is also elevated and thus the serratus ant. major muscle fixed and traction upon the ribs made possible. The combined effect is a lifting upward of the costal insertions of the diaphragm and thus greater freedom of the abdominal cavity from pressure ensues.

Oil of Turpentine in the Treatment of Fistula.

Turpentine, that has come to the front of late in the treatment of zymotic disease, especially diphtheria, is destined to have an increased surgical use, if the statements of S. Cecchini, Annali univ. di med. e chir., Aug. 1885, are corroborated. The Centralblatt fuer Chirurgie, I., 1886, has a reference to the original report. The author conceived the idea to employ turpentine for the cure of fistulæ on account of its stimulating action upon granulation tissue, its anti-zymotic properties and relative harmlessness. His successes are shown by detailed histories and have the impress of truth.

There were treated cases of fistula in ano, of caries of the petrous portion of the

temporal bone, dental fistula, fistula of the duct of steno, and atonic fistulae arising from lymphatic abscesses, furuncles, etc.

Seven fistulæ in ano were treated in four individuals. The injections were made every three or four days. Blunt nozzles were employed and a thorough irrigation practiced. The fistulæ were quite deep; two were complete.

The irritation caused by the turpentine was moderate; dilution with oil of olives is admissible. In five cases complete cure resulted without any further treatment. In one case, a complete sinuous fistula in a decrepid individual, active granulation became established, but it was necessary to split the track open to secure a complete cure.

Four children with caries of the pars petrosa were healed in two to three months. The beginning of the treatment was cautious, only a few drops being employed at each sitting. When Cecchini saw no bad effects he became more bold, with the result of rapidly checking the fetid discharge and ultimately curing the trouble. All of these cases had been treated to no purpose with boric acid.

Eight dental fistulae, with caries of the alveolar process, were rapidly healed.

One case of fistula of the duct of Steno, that arose after a gunshot wound, closed after six injections administered during thirty days. Saliva was discharged from several openings at the throat, the angle of the jaw and in the masseteric region.

Of cases classed as atonic fistulæ, and not precisely defined, a large number was successfully treated.

In conclusion the doctor reports on the success that attended the use of turpentine in two cases of pustules that arose from post-mortem infection. The turpentine was applied locally upon cotton. The sloughs were soon cast off and the threatening symptoms abated.

Etiology and Treatment of Mercurial Stomatitis.

In the Monatshefte f. pract. Dermatologie, M. Bockhart says that mercurial stomatitis arises through the direct action of mercury, excreted in the saliva, upon denuded portions of the mucous membrane. These erosions are thereby prevented from being closed by cuticle and become the seat of colonies of bacteria, eventually presenting the appearance of diphtheritic ulcers.

Mercurial stomatitis arises only in such individuals that have an unhealthy mucous lining of the buccal cavity from the neglect of the ordinary demands of cleanliness, from caries of teeth, etc.

If such erosions are found they should be brushed five times a day with a 5-10 per cent preparation of tannin-glycerine. Tincture of ratanhia or permanganate of potash serve well as a mouthwash.

If true ulcers develop they should be cauterized with chromic acid, and chlorate of potash may be given internally.

Chromic Acid in Diseases of the Nares, Fauces and Larynx.

L. Rethi reports on chromic acid as an escharotic in cases of hypertrophic rhinitis, adenoid vegetations in the naso-pharyngeal region, chronic hypertrophic pharyngitis and hypertrophic swellings consequent upon chronic laryngitis. He has notes of sixty such cases and details his methods and experiences in the Wiener medicinische Presse.

The application is made by means of a silver probe. The probe is moderately heated over an alcohol flame and one or two crystals of chromic acid are picked up by means of it. The armed point of the probe is then again gently heated until the chromic acid forms an even covering of a dark red color. If the heat is too long applied the chromic acid becomes green and loses its escharotic qualities.

Before cauterizing a 5-10 per cent soda solution is injected into the nares or used as a gargle, and, to neutralize any excess of chromic acid, the same should be done after the sitting. Thus violent reactive inflammation is avoided. The neutralization serves for local

protection. Some of the soda may be taken into the stomach to counteract any of the acid that may reach it, and irritate the esophagus.

Sex Development.

We notice in Friedlaenders Fortschritte some notes on this subject taken from an article by Carl Duesing, in the Jenaer Zeitschrift fuer Naturwissenschaft, and desire to make reference to them on account of the interest lately elicited by a publication in our columns.

Duesing remarks that male and female individuals are always in exact numerical proportions, in man and animals. In man we have 106 male births to 100 female. This excess is met, however, by the greater number of male still births and male deaths, so that at puberty an equality is established.

Some parents have boys almost exclusively, others girls. Thus disproportions are impossible

It is an obvious fact that animals have the important quality in reproduction, to beget a majority of that sex that temporarily is in the minority. In man this is shown by the excess of male births by older primiparae, and the same may be seen after war has thinned the male population. This is owing to the long period of sexual rest that has been had in these instances.

All animals appear by natural selection to have acquired the faculty of producing more individuals of their own sex, when the demands upon their sexual activity are great. This is well established by statistics of breeding. The sexually active male individual fecundates with relatively young spermatozoa, and vice versa, the more active female presents relatively young ovula. From relatively young genital product the same sex arises, from relatively old product (moderate sexual activity) the opposite. In this manner a group of animals with few males will produce an excess of males. This again in turn, calls upon an increased sexual function on the part of the female minority, and thus the next generation must show a preponderance of females, and thus the balance is readjusted.

The above, of course, is not the only factor; if so, we could observe considerable variations in the relative proportions of successive generations. The food-relations appear to have positive influence in sex production. Thus a surplus of food appears to influence the development of more females, a dearth of food is followed by more male births.

The domestication of animals places them under favorable sexual conditions, hence reproduction is heightened.

That food is of influence is shown in the preponderance of male births in barbarous tribes, whose food supply is necessarily a uncertain one. There are statistics to show that in well situated classes 104.5 boys are born to 100 girls, and that in poor districts the proportion may reach 115 boys to 100 girls.

That like and identical nutrition produce a like sex is illustrated in the common sex of twins that are developed in common membranes.

The age of the mother influences the nutrition of the embryo. Old mothers and very young mothers do not offer the embryo as favorable conditions of nutrition, as such that are in the prime of their sexual life.

According to Bidder there are born to every 100 girls:

By mothers,	aged	19-21	years,	122-130.
"	"	"	22-29	"	104-109.
"	"	"	30-40	"	112-131.

The influence of extraneous factors is further shown by Prussian statistics in that the results of conceptions in the warmer months, April to August, show a decrease of males; in the cold months more boys are conceived. With the increase of prosperity conceptions increase and the normal male excess sinks. In animals too under favorable circumstances more females, under unfavorable more males are brought forth.

Women with feeble menstruation bear more boys. The embryo gets poorer nutrition; the placenta in such cases is usually small.

The rate of reproduction is influenced by the factor of the mingling of individuals. A restriction of a free and varied intercourse tends to lower the number of conceptions. And restriction appears to produce more male

individuals. Thus, when a stallion and mare are close to each other in pedigree male filleys are the most probable result. Among the Jews, that intermarry to a great degree, male births preponderate. The period of impregnation of the ovum may be of influence to this end, however.

The author is of the opinion that both the ovum and the sperma influence the sex. The ovum, that by its qualities tends to the female sex, may relinquish this tendency, which is strongest in juvenile ova. The sperma, which naturally inclines toward male production, may lose the quality by age, either from non-indulgence or by a sojourn of some duration in the female ampulla. At the moment of impregnation the sex is not definitely determined. The factor of nutrition plays a role in the determination of sex. In man the nutritive influence of the mother upon the embryo extends over a period of three months. The condition of hermaphroditism that is simulated in the early embryonic period makes it quite possible that the definite sex may be influenced at such time by extraneous influences.

Therapeutics of Trichinosis.

In the last week there were discovered in St. Louis a number of cases of trichinosis. Up to date no death has occurred. A number of the patients, however, are dangerously ill. The patients are all of one family. The symptoms of intoxication in all led to an investigation of the food, and trichinæ were found in some pork that all had partaken of.

In the Medicinisch-Chirurgische Rundschau we note that Dr. August Dyes, of Hanover treats trichinosis with chlorinated water. He orders a mixture of sixty grams of aqua chlorata with thirty grams of distilled water. A desert spoonful of this is taken every two hours until the colic pains subside. The patient must drink water freely after each dose. The gastric irritation is to be treated by oleaginous mixtures.

Prevalence of Hydrophobia.

Lyon médicale writes that during the single month of November nineteen dogs with rabies were presented at the clinic of the Veterinary School. M. Gibier writes to the Academy of Medicine that in Berlin during the past three years not a single case of rabies was seen at the Imperial Veterinary Institute. Berlin has as many dogs as any French city, but no dog is seen without a muzzle. This ought to shut up the cynophiles that contend that muzzling develops the disease.

Subcutaneous Cold Abscesses in Scrofulous Children in Their Relation to Tuberculosis.—The Archives of Pediatrics refer to a paper on this subject by Giesler in the Jahrbuch fuer Kinderheilkunde in these terms: Koch's investigations showed that tubercular disease, wherever located, depended for its cause upon the presence of the spore bacillus tuberculosis, this being the evidence, when found, of the tuberculous character of the complaint, and its absence equally showing a non-tuberculous character. The same disease is likewise produceable in animals by inoculation with cultivations of this spore. It is also affirmed that all inflammations in which the spore is found, or the products of which cause bacillar tuberculosis in animals, are equally of a tuberculous nature. The question naturally arose, then, as to whether the tubercle bacillus was to be found in those diseases which resemble tuberculosis, both clinically and as to their pathological anatomy, especially in the case of scrofula, and the results which were obtained varied, some investigators finding tubercle bacilli in all cases, others only occasionally or not at all. In lupus the testimony is unequivocal as to its tuberculous character. In scrofulous eczema no bacilli have been found in almost all reported cases. In the class of cases which is under discussion, namely, subcutaneous cold abscesses in scrofulous children, investigation was first made with the microscope, but after a large

number of examinations, with most powerful lenses and very careful search, only a single bacillus was found. Seven cases were then selected, and, with material which was obtained from them, inoculation was practiced upon guinea-pigs and puppies, both by subcutaneous and intra-peritoneal application. In all cases only negative results were obtained, and the conclusion was reached that abscesses of this character, of circumscribed development, and developing from granulation tissue, do not depend upon bacillar tuberculosis, although they may contain giant cells and other lymphoid formations, from which it used to be thought that they were of tuberculous origin. They are manifestations of scrofula but not of tuberculosis.

Intra-Muscular Injections of Metallic Mercury in Syphilis.—The Gazette des Hôpiteaux is abstracted by the Journal of Cutaneous and Venereal Diseases as follows:

Dr. Luton, of Reims, makes the following propositions touching the question of introducing mercury into the system by the hypodermic method.

1. The muscular tissue absorbs metallic mercury more readily than does the cellular tissue.

2. This absorption is proven: a, by the therapeutic effects; b, by the possible, but not constant, production of mercurial stomatitis; c, by direct examination in experiments on animals.

3. Sulphur, employed as an electuary in doses amounting to at least seventy-five grains per day, is far superior to chlorate of potash as a remedy for stomatitis.

4. The dose of metallic mercury at the outset should be at the most fifteen grains, taking as a rule for a repetition of the dose the time when its equivalent in bichloride of mercury would have been taken. Thus one gram of mercury would give 1.354 gram of bichloride.

5. The advantages of this method are: a, efficiency; b, avoidance of digestive derangement; c, the possibility of separating the injections by intervals which can be calculated.

6. Intra-muscular injections of metallic mercury are only recommended, at the present time, for the severe and inveterate cases of syphilis which have arrived at the period of transition or are in the tertiary stage.

Finger-Marks and Murder.—The British Medical Journal's Paris correspondent for wards particulars of a remarkable trial for murder held recently at Rodez, in the south of France, where a self accuser was proved to be innocent, and the true criminal detected by medical evidence. Last August, a woman named Mélanie Vieu, went to register the death of a child which she had wrapped up in her apron. The registrar examined the child, as is customary, and observed finger-marks on its throat. The mother then declared that she had strangled her infant. She was sent to prison, but Dr. Desmont, who had been directed to examine the body of the child, stated that it had certainly been strangled, but not by its mother. Her hand was more delicately formed than that of the murderer, which had left its impression on the child's neck. The fingers of the guilty party must have been short and thick, the index-finger being unusually short, and apparently devoid of a nail, defects which the witness indicated as valuable clues for the discovery of the murderer. Mélanie Vieu finally admitted that the murderer was a man called Bonuet, and that she was his servant. The accused was arrested, and his index-finger was found to be one centimetre shorter than the average length of that member, and its nail had been destroyed by accident or disease. Bonuet was sentenced to six years' imprisonment.

The Decline of Zymotic Diseases.—The British Medical Journal writes: An important supplement to the annual report of the Registrar-General has just been issued, showing the extent to which zymotic diseases have prevailed during the past ten years. It is asserted that, since the enforcement of the Vaccination Acts, there has been a gradual and notable decline in the mortality from small-pox. The decline in the mortality from

scarlet fever was very considerable, the annual deaths per million having fallen from 972 to 716. The decline under the heading of measles has been much less considerable, being only from 440 to 378. The deaths from fever, including typhus, enteric fever, and ill-defined forms of continued fever, fell from an annual average of 885 per million to 484, a decline of no less than 45 per cent. This is held to be the most satisfactory of all the declines shown in the table, not only because it is the greatest in amount, but because enteric fever is, of all diseases, putting aside the effect of vaccination upon small-pox, the one which is most directly and largely affected by sanitary measures. Therefore the decline in mortality under this heading is the best test available of the efficacy of sanitary administration, careful sewerage, better water supply, and other sanitary improvements.

Treatment of Chancroid.—The Journal of Cutaneous and Venereal Diseases learns the following from its French correspondent: M. Maurice Notta has put forth an article in L'Union Médicale, July 18, 1885, treating of the different methods which have been employed for the treatment of simple or non-infecting, non-syphilitic chancre—the chancroid of English and American writers. He divides them into two kinds—one in which only a topical and superficial action is sought to be produced upon the chancroid; and another which aims at its complete destruction from the very base, and its transformation into a simple sore. To the first class belong the applications of aromatic wine, tartrates of iron and potash, glycerin, dilute tincture of iodine, decoctions of oak or of Peruvian bark, chlorine-water, resorcine, oxygenated water, tincture of thuja, guaco, perchloride of iron, sulphate of iron, silicate of potassium, chloral; also of absorbent powders, such as those composed of calomel, bismuth, camphor, oxide of zinc, quinine or ratanhia. All these agents may produce good results, but they are less efficacious than those which constitute the second class. A soft chancre may be destroyed either by excision, which is scarcely ever an advisable procedure, or by cauterization, the means usually adopted. Formerly, the arsenical preparations, Ricord's sulphocarbolated, Vienna paste, acids more or less diluted, etc., were made use of for this purpose. In France, at present, we employ a solution of nitrate of silver, 1:30, bichloride of zinc, in the form of paté de Canquoin, or a concentrated solution of iodoform—this last having been brought into favor by MM. Besnier and Lailler in 1867—salicylic acid combined either with wheat flour or with powdered gum (one part of salicylic acid to four parts of excipient); pyrogallic acid, 1:5 (Vidal); finally, the thermo-cautery. Quite recently, M. Aubert, at Lyons, has resorted, with success, to the administration of prolonged hot baths; and I have myself effected cures of phagedenic soft chancres by means of very hot cataplasms repeatedly applied. According to M. Aubert, a temperature of 38° C., if maintained long enough, will suffice to modify the chancrous poison, and transfer the virulent ulcer into a simple sore. M. Notta believes that the most efficacious method hitherto devised consists in the complete and simultaneous cauterization of all the patient's soft chancres by means of the thermo-cautery, followed by an antiseptic dressing. I refrain from further details on this subject, since the management of chancroid is so admirably treated in the last edition of Bumstead and Taylor.

Etiology of Tumors.—In a report on the Proceedings of the New York County Medical Association, contained in the New York Medical Journal, we find the following on a paper by Dr. Lawrence J. McNamara:

The doctor said he had no theory to add to existing ones, each of which seemed partly sustained by some clinical fact or experimental research. The paper was but a study of some of those theories, and an attempt to adapt them to the various forms of tumors which he had personally examined. Advances in histological studies had enabled us to make a classification of new growths as they were formed on some type of existing normal tis-

sue, such as epithelial, muscular, nervous or connective tissue. This classification did not include cysts and retention tumors. The group of neoplasms in which were ranked tubercle, syphilis, glanders, etc., had a distinct place as formations of an infectious origin. The class of tumors most frequently brought under notice embraced carcinoma and sarcoma. They were distinguished by secondary formations or metastases and a tendency to recur when removed. Tumors based on a type of cartilaginous tissue had been known to produce secondary deposits, but ordinarily the tumors mentioned were considered as malignant, the secondary deposits assuming changes in growth, development and invasion of organs identical with those of the primary growth. There could be no doubt as to the cells of these deposits coming from the original tumor, the channels of infection being the lymph and blood. In ordinary cases of carcinoma, examination of the advancing mass showed infiltration of the normal tissue by epithelial cells. The lymphatics were found plugged with epithelial elements, and the glands contained the same distinct cells. In this form at least it was necessary to imagine a virus transmitted to the body from without as the cause of this proliferation. There could be no doubt as to the malignancy of cancers. Metastases, however, were always of epithelial formation, similar to the primary cancer, and the epithelial cells resembled one another in shape and appearance. The mode of invasion could always be seen in the lymphatics. The important fact lay in the misplaced epithelial cell. The cell contained in itself all the essential properties of proliferation, growth, and multiplication. It manifested its activity by growth, function, reproduction and absorption of the proper nutriment. Like forms of vegetable life, it was influenced in its activity by the form of nutriment which surrounded it, and a modification of this condition would lead to a change in its activity. The observation of Thiersch, that the changes of old age could account for the modified relation of the epithelial cell to the connective tissue, might explain the occurrence of so-called senile cancers, but the majority of cancers did not occur in very advanced age. They seemed to develop on tissue subjected to prolonged irritation. The most recent changes occurred in the epithelial tissue, but the diagnosis of cancer could not be made until the epithelial cells formed nests in the connective tissue. If this epithelial element did not come from a proliferating interpapillary process, it might have existed previously, and to suppose this was to assume Cohnheim's embryonic theory. The arguments advanced by Cohnheim afforded very convincing proof of the etiology of many complex tumors, like those of the parotid, dermoid cysts, etc., but when applied to the carcinomatous group, the theory gave no very good proof of their embryonic origin. In the case of sarcomatous growths, difficulties were experienced in accepting the embryonic theory. The growth was built on a type of embryonic tissue, and partook to a certain extent of its characteristics, but the majority of these tumors developed in situations at which no indication of a previously existing embryonic focus was evident. Until proof could be furnished that these embryonic cells existed in the body and developed into a distinct tumor under favorable circumstances, Cohnheim's theory could not be logically entertained. If an inflammatory origin was acribed to sarcoma, some recognition must be made of the infectious or non-infectious type. The author then quoted a summary of Billroth's views. The perplexing question of predisposition as a cause of tumors was found in many theories. It served the purpose of hiding the defects and increasing the obscurity of our ideas of the causation of these neoplasms. If the irritant was of a specific quality, the inflammatory changes which it produced must bear the same relation of infectiousness. If the process was infectious in the same sense as it was with tubercle, etc., we might be able to discover some similarity in their life-history. Clinically or experimentally, we had never been able thus far to connect a bacterium with the causation

of tumors. They had never been inoculated; they had never infected the surgeon. Still the infectious origin of sarcoma at least was very plausible. The discovery of a vegetable growth as the cause of actinomycosis had some bearing on the subject. If sarcoma was caused by a micro-organism, it must be of a nature which required very favorable conditions for its development. If a micro-organism must be considered as the cause of this class of tumors, the question as to why it should affect the epithelial cells alone did not seem capable of answer. In carcinoma the inflammatory changes represented the action of the cellular matrix. The same may be said of sarcoma. The hyperplasia resulted from the action of the tissue to cast out or destroy the foreign body. A micro-organism was not capable of producing an epithelial or connective-tissue cell; one being could not form another higher in the animal economy. The author thought no one of the theories which had been presented was capable of fully accounting for these growths.

Dr. Gouley had understood the author to say that it was not probable a micro-organism could end in an epithelial or other cell; that the cell itself was sufficient, in the course of its development and disintegration, to give rise to the mischief observed in cancer. He thought there was nothing to disprove this conclusion.

The President had observed that the author gave a sharp cut at Darwin's theory when he said an animal was not capable of generating anything higher in the scale of organization. As bearing on infection and hereditary predisposition, the president mentioned the case of a woman whose breast he had amputated for cancer, and who afterward died of metastatic cancer of the liver and probably of the lungs. Her father had died of a tumor of the stomach, and her mother had a tumor of the liver. One of her sisters had had a cauliflower cancer of the uterus, and another had had scirrhus of the uterus, and died of a chronic form of septicemia. The nurse who had cared for the patient whom he treated developed cancer of the breast, which he removed, and he subsequently removed the enlarged axillary glands.

Treatment of Fracture of the Femur without Splints.— J. J. Mullen, M. D., writes in the Therapeutic Gazette (American Medical Digest):

R. H., aged five years and four months, fell a distance of eight feet. He struck on his feet. His left foot came in contact with a stone, and the result was a transverse fracture of the femur in the lower third. There was great swelling, heat and pain. The heel of fractured leg rested on the instep of the sound leg.

The deformity was so manifest and crepitation so distinct, that there could be no doubt of the correctness of the diagnosis. I had a bed of common boards constructed in the following manner: I selected a corner of the parents' bed-chamber; nailed a board to the wall, which was left ten inches clear at either end. To this legs, head, foot, and sides were attached. Bottom boards were nailed in place, our bed, when completed, being higher at the foot than at the head. It was five feet long and two feet wide. This we covered with four comforts cut to the proper size. Upon this we placed the patient.

I had a hole bored in the head-board, and one at the foot, for extension and counter-extension.

Sand bags of proper dimensions were now ready. I placed the patient under an anesthetic; applied adhesive plaster in the manner described by Dr. Van Slyck; reduced the fracture, then measured the sound and disabled limbs and found scarcely any perceptible difference in length. I placed the sand bags in position, and gave the patient twenty drops syrup of Dover's powder. He rested fairly all night. On the third day traumatic delirium supervened. It yielded to bromide of potassium and chloral hydrate. On the ninth day the swelling subsided; the patient now slept, and had a good appetite. His bowels, which were not moved for the first five days, were now moved regularly every

morning. I saw the patient every day for the first fifteen days and measured the limbs. The provisional callus was abundant at this time, and repairs progressing elegantly. The twenty-sixth day after the accident I placed the limb in a plaster-of-Paris dressing, which the patient wore for ten days. He is now able to walk a little without aid of any kind. There is neither shortening nor deformity of any kind. The result is as happy as could be desired, and I shall always remain an ardent advocate of this mode of treating fractures of the femur in patients of this age.

Extensive Acne Vulgaris, with Inflammatory Papilloma.—The Journal of the American Medical Association gleans from the St. Petersburger Med. Wochenschrift the notes of the following case: Dr. C. Schadeck, of Kew, reports the case of a man, 23 years old, who was the subject of these affections. His internal organs were sound; his skin and visible mucous membranes pale. On the buttocks was a large collection of acne vulgaris, in different stages of development. The head, face, neck, palm of the hand, soles of the feet, internal surface of the thighs, and the axilla were free from acne. On the chest and back, besides the comedones (without inflammatory appearances) were inflammatory nodules, nodes and pustules (of acne) from which exuded on pressure the contents of the fat cutaneous glands mixed with pus and some dark venous blood. It was evident that some of the larger nodes were due to the confluence of several small ones, and contained a gritty material (atheroma). Besides these nodes and pustules there were found on the chest and back a large number of round, white scars. On the skin of the lower portion of the abdomen and the groins, as well as on the skin of the nates and the sides of the body, there were scattered large, oval, irregularly formed infiltrates of a dark color, formed by the confluence of several inflamed acne nodes. On the upper surface of the infiltrates were numerous punctiform openings, from which pus, blood and gland contents exuded on pressure. Small infiltrates were numerous on the internal surface of the forearm, and the thigh and leg. The infiltrated spots on the lower extremities had the following peculiarities; they had the appearance of sharply outlined, flat, oval nodes and plaques about the size of a silver five cent piece to that of a copper cent, the upper surface being only slightly raised above the level of the skin, but they were deep-seated, and covered with small brown specks; after removal there was a red, cribriform surface. Most of the pin-like openings were filled with a thick purulent material, removable by pressure. In a few places the surface of the infiltrates was formed of new, soft cicatricial tissue. Isolated infiltrates were surrounded by a dark red region, and showed on the upsurface wart-like growths and cicatricial changes, and were probably due to a simple closure of the glands by an inflammatory process of the skin of the surrounding region, followed by hyperplasia of the stratum Malpighi, giving rise to wart-like growths (perifolliculitis, papilloma). The apices of the papillomatous growths were grown together, and between them were a few small abscesses.

The treatment consisted of potash baths, with mercurial plasters to the larger infiltrates, some of these being incised and pressed. Under this treatment most of the papillomatous infiltrates were absorbed within a month and a half, and the nodes and plaques were atrophied. In five months the patient left hospital cured.

A New Method for the Removal of Foreign Bodies from the Nose.—Dr. D. Dryson Delavan, of New York, sends to the Medical Record the following: The presence of a foreign body in the nasal cavity is usually attended with marked swelling of the neighboring mucous membrane. Its extraction by any of the means in common use is accompanied with pain, often of great severity, and is often followed by copious hemorrhage. The swelling offers, of course, a serious obstacle to the extrusion of a hard body, while one which has increased in size from the imbibition of water becomes all the more firmly impacted. Hence, in attempting

the removal of the body, more or less laceration of the membrane is likely to occur. The pain, with difficulty tolerated by an adult, causes a child to become in almost every instance unmanageable, so that an anesthetic is required. The hemorrhage is usually controllable after the lapse of a few minutes, but may, meanwhile, cause considerable annoyance. From our knowledge of the physiological action of cocaine upon the nasal mucous membrane, it is evident that, by its use in these cases, all of the above difficulties may be overcome; for applied to the nose, the mucous membrane becomes strongly retracted, the sensibility to pain lost, and the blood-vessels exsanguinated. Thus, the calibre of the fossa is greatly widened, the irritation and consequent resistance done away with, hemorrhage prevented, and the removal of the foreign body thereby greatly facilitated. To carry out the method, the occluded nostril should first be cleansed with a spray or a gentle current of some luke-warm alkaline solution, after which a four per cent. solution of cocaine should be applied to the mucous membrane. When its effect has become complete, the extrusion of the body should be attempted by directing the patient to blow forcibly through the affected nostril. Failing in this, it should be drawn out by some suitable instrument. Should the patient be too restless to make this practicable, an anesthetic may still he administered. In cases of invasion of the frontal sinus or antrum of Highmore by insects or larvæ, cocaine should be applied to the membrane before the administration of chloroform or ether, in order that the canals leading to these cavities may become as patent as possible, and thus the vapor of the anesthetic be admitted very thoroughly to the intruder's presence. The insensitiveness of the membrane produced by the cocaine will, in these cases, certainly add to the comfort of the sufferer should it be necessary to inject, or still better, to spray the nose with chloroform.

Sponge-Grafting and Sponge-Dressing. —According to the London Medical Record (American Practitioner and News) at a meeting of the Arkhangel Medical Society, Dr. P. A. Pokrovsky made an interesting communication on his experience in the use of sponge as a grafting and dressing material. Having reviewed the literature of the subject, the author describes his method of treating wounds and ulcers by means of sponge. He takes a best officinal Turkish sponge (to be found at any chemist's shop), cuts it into fine slices (about two lines in thickness), washes the latter in a three-per-cent solution of carbolic acid, and after carefully squeezing them out, covers with them the whole surface of the wound or ulcer; over the slices oil-cloth or wax-paper is applied, the whole being fixed, under but slight pressure, by a roller bandage or a handkerchief. When purulent discharge is excessively free, a layer of cotton-wool or a woolen cloth is placed over the oil-cloth. In other words, the author uses sponge instead of gauze as a constituent of a warming compress. The slices of sponge (as well as the whole dressing) are changed one, two, or three times daily, according to the profuseness of the suppuration. The sponge dressing, applied in this manner, was employed by the author in four cases of extensive syphilitic ulcers of the thigh, leg, scrotum, and elbow; in eight cases of soft chancrous ulcers of the glans and collum penis, prepuce, scrotum, etc.; in one case of chancrous bubo, and in twelve cases of non-syphilitic ulcers of the leg, forearm, shoulder, etc. In several of the cases sponge-grafting, after Professor Hamilton's plan, was tried. The results of the author's observations may be summed up thus:

1. Sponge used as a dressing material acts on the ulcerative process purely mechanically. Being porous and endowed with extreme capillarity, it frees the ulcer or wound from purulent discharge; at the same time it acts as an irritant on the surface of the ulcer. Hence it favors an afflux of nutritive material to the ulcer, which presents a necessary condition for the healing process.

2. Sponge is an excellent dressing material in all cases of old, obstinate ulcers with free purulent discharge. Under the sponge dress-

ing, ulcers pretty rapidly cleanse themselves and undergo cicatrization. [Thus, in seven cases of crural ulcers, cure ensued on an average in twenty-six days.]

3. The sponge dressing brings about rapid cleansing and healing of soft chancres and chancrous buboes (cured in about ten days).

4. In syphilitic cases, the sponge dressing gives rise to rapid cicatrization only after the syphilitic virus has been mitigated by specific treatment; otherwise the application of sponge causes disintegration of tissues.

5. Sponge-grafting causes suppuration and retards the healing process. [The author's attempts at sponge-grafting had been so unsuccessful that he altogether dismissed Hamilton's method from the treatment of ulcers in his practice. According to his observations, sponge-grafts do not undergo absorption, but are disintegrated and fall away in pieces during irrigation, or in consequence of their being underminded by pus.] The ulcer does not heal until the last sponge-particle is removed.

In conclusion, Dr. Pokrovsky points to the extreme cheapness of sponge dressing. All the cases of ulcers which were admitted to the local hospital in 1884 were dressed with sponge; the expense of the latter did not exceed four rubles (about eight shillings).

Brown-Séquard's Mixture for Epilepsy.—L' Union Médicale, (Medical News) writes:

Iodide of potassium - - - -	8 parts.
Bromide of potassium - - -	8 "
Bromide of ammonium - - -	4 "
Bicarbonate of potassium - -	5 "
Infusion of calumba - - -	360 "

Dissolve. A teaspoonful before each of the three principal meals, and three dessert-spoonfuls on going to bed. The solution should be given diluted in cases of idiopathic epilepsy.

If the pulse of the patient be feeble, the potassium bicarbonate is replaced by ammonium carbonate, while for the 360 parts of calumba there are substituted 90 parts tincture of calumba and 270 parts of distilled water.

The Nocturnal Cough of Children.—Revue Bibliographique des Sciences Médicales, (New York Medical Record) says: It not infrequently happens that children are waked suddenly from quiet slumber by a violent, and sometimes convulsive, cough. This has been ascribed by McCoy to reflex irritation from accumulation of mucus within the nasal cavities. During the day the mucus flows away, but in the night it collects upon the sensitive areas in the nasal fossæ and excites a cough. Dr. Gonzalez Alvarez thinks this theory untenable, except in a few rare instances, and attributes the cough to laryngeal irritation. He says that the saliva and buccal mucus accumulate in considerable quantities, especially when there is stomatitis or gingivitis from dentition. Most of this is removed by the acts of deglutition which take place during sleep, but some does not so escape, but trickles into the posterior commissure of the larynx. He states that this cough occurs very frequently during the period of dentition, even when there is no nasal catarrh, a fact which leads him to reject the theory of reflex irritation. The treatment of this nocturnal cough consists in diminishing the secretion by means of chlorate of potassium. A teaspoonful of a two per cent solution is given every hour or two hours during the day and at bedtime.

CONTRIBUTIONS.

HEMATURIC FEVER.

BY T. J. DRAPER, M. D., MINERAL SPRINGS, ARK.

This is a pernicious type of malarial fever with hematuria. The subjects of this dreadful disease are always in a low state of health having had the ague for several weeks or months,and being at the time anemic, bilious and of a pale and sallow aspect.

There is no doubt of its being of a miasmatic origin and associated with intermittent fever. There is no prodromic symptom as it comes like a clap of thunder.

The disease generally begins with a chill indistinguishable from ordinary chills, the patient having felt as well before having the chill as usual. The chill is followed by

fever as usual. So far there is no cause to apprehend danger. Then the first urine voided is almost blood itself. This is the first token of what is the matter. Vomiting now commences with more or less severity. Then, if the patient begins to turn yellow, the diagnosis is assured. The eyes will first show the jaundiced condition. The dejections will generally leave a carmine yellow stain on the chamber. There is no pain on micturition, but the patient will complain of pain in the back and head, with giddiness on raising up, with uneasy sensations as if distressed, without knowing the cause. Consciousness remains clear, but the patient will talk only when questioned.

Some are thirsty, others are not, but, invariably vomit after drinking. The emesis is not bloody, but very yellow and of a tenacious character. Immediately after vomiting the skin becomes dark golden yellow which fades away in a few moments to the bright yellow shade. Within twelve hours after the chill, the patient is as yellow as any case of yellow fever can be. The disease is also endemic, but evidently not contagious. The urine rarely gets worse than it was at first; but even in fatal cases it becomes a shade brighter in color, or may clear up altogether. The first day or two the urine is voided five or six times a day, but grows less frequent. It may prove fatal in twenty-four hours, or linger along for a week before the danger is over. In fatal cases there seems to be no fear of death or excitement, but composure, and calmness, with only a faint hope of recovery. Finally, respiration becomes quick and labored, consciousness fades away, and the death struggle ends the strife.

This is evidently a constitutional affection, of which the hematuria is a local expression. That there is blood poisoning seems to be beyond doubt, and, the action of the kidneys, in excreting the bloody urine, is only an effort of nature to relieve itself of a poison that must be eliminated, or death ensues.

This poison I conceive to be an element of the bile—biliverdin for instance—thrown back into the blood from some functional derangement, if not organic, of the liver; for the patient invariably gives a history of a derangement of this organ, such as biliousness, constipation, white, clayey stools, tenderness in its regions, etc. This may be miasmatic poisoning, the climax of malarial cachexia, so to speak; it is evidently not uremic. As to treatment, the indication is to correct the pernicious state of the blood; to reach it, as it were, in the circulation; to build up the corpuscles from their broken down condition, and to restore a better condition of the blood for conveying the oxygen to the general system. Styptics or trying to arrest the renal hemorrhage, will do no good, but are, on the other hand, contraindicated. It will not do to give quinine, for it aggravates the complaint every time; and furthermore, the patient, nine times out of ten, has been taking quinine regularly for some time, and some claim it to be the cause of the trouble. The patient will not have another chill while in this state, and every dose of quinine only hastens the fatal issue, as immediately checking the renal hemorrhage will surely do.

The bowels are constipated, tongue dry and coated, tenderness in the right hypogastric region. The first thing then is to give an alterative and a diuretic and an antidote to the poisoned blood—if we know of one.

My prescription is:

℞ (Sp) Tr. nucis vom. - gtt. xxxii.
Tr. iodini - - gtt. xxxii.
Sat. sol. sulphat. sodæ ℥ii.
Fl. ext. buchu - ℥i.
Tr. hyosciami - ℥i.
M. Sig. Teaspoonful every two hours.

Further:

℞. Calomel, grs. xviii.
Ft. pulv. no. iii.
Sig. Take one every two hours between the other doses.

Put a large fly blister over the stomach. After several good operations, give large doses of Dover's powder, and keep up the first prescription. Lime water and sweet milk may be given to allay the stomach. The blebs of the blister will be as bloody as the urine. On the third day there will be great prostration, and it is best to use stimulants freely. Some use hyposulphite of soda. This seems to irritate the stomach too much, and is claimed to be changed into the sulphate. Some object to calomel, but my successful cases are those in which I used it freely. With the exception of diuretics I let the kidneys severely alone. The stomach will try the physician's patience, and I often withdraw everything except the lime water and sweet milk. Sometimes calomel alone will allay the terrible retching of the stomach.

I know that the (sp.) tr. nuc. vom. and tr. iodine and Glauber's salts, by their peculiar action on the liver, will relieve a common case of jaundice nearly every time, and I have had happy results with this remedy in this disease.

Of course, I do not claim that I did this at the beginning of our recent little endemic, or that it is all I would do now, but I came to

this treatment after such experience as circumstances would admit. Out of eight cases, in this settlement, four recovered; one, a woman, pregnant, seventh month, miscarried on the second day and died on the fifth. Children seemed to endure it better than adults.

We certainly need more light on this disease, and if I can contribute anything to aid my professional brother, or get a contribution from any one to aid me, the object of this paper is attained.

ANNUAL ADDRESS OF THE PRESIDENT OF THE ST. LOUIS MEDICAL SOCIETY.

BY E. H. GREGORY, M. D., OF ST. LOUIS, MO.

GENTLEMEN:—It has ever been my wont to hanker after the good will of my professional brethren. It is not in my nature to decline any honor they may choose to bestow. To-night my love and pride are both awakened and my heart moved to grateful appreciation of the high honor you have been pleased to confer.

Now is a great event in the history of the St. Louis Medical Society, the semi-centennial of its organization. Fifty years ago Dr. Farrar was elected first president. Since that auspicious day many of its members have become conspicuous. Not a few of the most illustrious have passed away, have finished well spent lives. Among them we find the names of Lane, Beaumont, McDowell, McCabe, Reyburn, Pallen, Pope, Engelmann, Linton, Waters, Hodgen, Kennard and Montgomery. These estimable men have bequeathed their fame to us, the heirs of their energy, influence and ability. Their splendid example will ever linger, lending lustre and inspiration, energizing those qualities in their living representatives which are alone the guarantee of success.

There is much to admire in the history of the St. Louis Medical Society. Its age, the excellence of its transactions, the exalted character of its representative men, the enthusiasm of its working members, all concur to inspire pride in its past and present, and hopes of a prosperous future. Here we learn to speak, to think, to teach. Here we recount our successes, let it not beget an unbecoming spirit of pride; here our hearts go out in mutual sympathy. Here we form personal ties. Here and everywhere we should eschew personal jealousies, uniting professionally for a common purpose, securing our perpetuity by the exalted character of the sentiments that move us as a body.

I have said that here our minds are trained to think, for here our opinions are subjected to criticism, and rigid, scientific accuracy is wont to assert itself. Here facts and a pertitinent mental apprehension of facts are appropriately blended, and the speculative and visionary are confronted by common sense. The strongly practical man is constantly coming to the front, the deeply philosophic man also appears, imposing the necessity of close thought, associating our ideas in such a way as to focus them upon a given point; in short, there is not a faculty of the mind nor a possible combination of selected facts that may not develop in a society like this. It is simply impossible to estimate the advantages derived from an association of industrious and conscientious workers. Facts must be presented, principles must be suggested which explain the facts which wield and weave them, and at last science is but the embodiment of thoughts and facts. Much that is acquired here is knowledge which a man can use, said by Froude to be the only real knowledge, the knowledge which has life and growth and converts itself into practical power; knowledge which embraces the fulness of understanding at once good, clear, solid, intelligent and available.

If we would secure all the advantages of our association we should not hesitate to tell our mistakes, to declare our blunders, generally our best pointers, meaning bad to a few but good to a large number. There is a saying " nothing succeeds like success." I cannot but believe, when I hear or read the report of cases that its influence is general. I am sorry it is so, for errors are inevitable; a miss improves a man more than a hit. The first often makes one careless, the latter cautious, the sense of possible error of judgment is generally wholesome. The wise often hesitate; caution should restrain when knowledge fails to guide. He who knows most, most knows his ignorance.

The laws of life, including health and disease, are as constant and invariable as the laws of organic matter. As health is preserved and disease cured only by taking advantage of these laws, it is more important that the physician should be a scientific interpreter of phenomena, a deep thinker and philosopher than any other professional character whose duties are connected with our temporal relations. First, on account of the multiplicity of difficulties which present themselves, the number of circumstances and phenomena to be taken into the consideration in the solution of every problem. Second, because of the value of that which is at stake—

nothing less than the lives of our fellow men. Third, on account of the fact that a mistake may be irretrievable. The mathematician may discover his mistake and correct his error—the planets move on their regular course in spite of it. The wayfaring man may mistake his road, but he can retrace his steps, but the physician's mistakes may be fatal. I am reminded of the soliloquy of Othello in the chamber of Desdemona. He looked at the pale torch and then on the face of his victim.

"If I quench thee, thou flaming minister,
"I can again thy former light restore,
"Should I repent me: but once put out thy light,
"Thou cunningst pattern of excelling nature,
"I know not where is that Promethean heat
"That can thy light relume. When I have plucked the rose
"I cannot give it vital growth again:
"It must needs wither.

The land surveyor may be qualified for his business by a mere mechanical knowledge of some of the principal rules which he has committed to memory and practicing a few examples, though ignorant of the great principles from which the formulas have been deduced, through which he arrives at the contents of the land. But the scientific physician cannot have his mind thus shackled by the iron fetters of mere routine. He must be acquainted with the foundation principle, from which he may for himself deduce rules and formulas applicable to each particular case. The good physician must be as the mathematician who devises formulas and makes tables.

In conclusion I promise to do my duty, feeling that that duty will not only be pleasant but profitable. I cannot promise you parliamentary precision, but a hearty good will and sincere desire to boom the society for another fifty years.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

Stated meeting held Saturday, January 23, 1886, the President, Dr. E. H. Gregory, in the chair.

Puerperal Eclampsia.

Dr. Hulbert had an interesting case at the Female Hospital three weeks ago. The patient upon her admission was seven months advanced in pregnancy. Up to the time of delivery there was no evidence of any trouble except that she was weak-minded. No albumen in the urine. She was delivered at 5 a. m. The labor was normal. At three in the afternoon she had headache. She had two or three evacuation, of the bowels that morning, passed her urine and appeared normal. Her urine was examined one hour after the headache came on, and contained 50 per cent of albumen. At 7 p. m. she had convulsions which were severe and lasted some time. The face and extremities were cyanosed. The fit did not entirely pass off. She was unconscious and did not recover until after the second convulsion; whilst being transferred to another ward, she had three convulsions in twenty minutes. It seemed as if death was imminent. She was large and plethoric, and was bled thirty-two ounces, when she became pale in the face. One slight convulsion occurred after this. She recovered consciousness by 3 a. m. the next morning, and by daylight only slight mental hebetude remained. The urine drawn after the bleeding did not contain a trace of albumen, and there has been none since. After convalescence, it was found that she was a bright girl. Besides bleeding, hypodermics of ammonia and digitalis were given. The blood was almost black and spurted, showing great venous tension.

Dr. Dean a few days ago had a patient in the City Hospital, who had apparently puerperal epileptic convulsions. The woman also seemed somewhat silly. She went from one spasm into another. She was given chloroform in order to use instruments. Upon being born the child gave two or three gasps, and, artificial respiration failing, he resorted to blowing into the child's lungs, and in forty-five minutes it breathed. The urine of the woman contained albumen. About the same time another woman came in with Bright's disease; she was six months pregnant. A few days ago she was confined. Chloroform was given, and the child when born had been dead some hours. The woman died.

Dr. Hendrix was called in to see a woman who had had two convulsions, which continued until she had fourteen. He gave her chloroform. After twelve hours the patient appeared well. Four weeks later she was delivered of a fetus which appeared to have been dead for a long time. Albuminuria was present at the time of the convulsions; he did not bleed her.

Dr. Gregory asked if Dr. Dean had bled the woman, and if he was in the habit of doing so.

Dr. Dean replied that he had not; but had done so in other cases.

Dr. Dorsett regarded Dr. Hendrix' case as one of uremic convulsions due to pressure on the kidneys.

Dr. Hendrix agreed with Dr. Dorsett in his diagnosis of uremic poisoning.

Dr. Hughes read a paper on the

Management of Simple Forms of Melancholia.

The reply of the court physician in Macbeth, "therein the patient must minister to himself," is not the answer which medical science would make to-day in regard to what shall be done for melancholia. Many physicians still answer the question in the same way, not recognizing, as Macbeth did, that the trouble is written in the brain, may be registered in a morbidly impressed self-consciousness in which antecedent, concomitant or subsequent molecular cell changes have occurred in the ideational or percipient centers; not realizing the ganglionic depression which accompanies, precedes or follows melancholic seizures, which congests the liver, produces over or undue action of the kidneys, depresses the activity of the bowels, lowers or exalts the functions of the skin, diminishes gastric and pancreatic digestion and takes away appetite for food and inclination to sleep. Hippocrates located melancholia in the liver, and his pupil, Democritus, anatomized an animal to find its exact location. Neither had yet learnt how, through the sympathetic and associate vasomotor systems, and their indirect but intimate connections with the intracranial nervous system, they mutually influenced each other in disease.

The old physician of Cos recognized the hepatic torpidity associated so often with melancholia (though not the cause of it, as he supposes), and the disease still bears the name which he gave it, μελας χολή, melancholia, black bile. The biliary secretion was black from long retention and torpid action by and of the liver and bowels, and was a prominent clinical feature in his day, as it is in ours, in the most marked cases, and it misled many who were searching for an organic cause. Others finding the digestion deranged will seek to remedy the head by correcting the stomach; others finding the urine surcharged with lithates will find a cause of the morbid mental disturbance there. The dry skin will be dermatologically treated by some, just as the tinged conjunctivæ, sluggish bowels or insomnia, will receive chief attention from other physicians seeing no appreciable derangement of the bodily functions, and recognizing no mental aberration in the disordered and painfully perverted psychical sensations, because the capacity to converse rationally and reason logically on every thing disconnected from their lowness of spirits, will counsel in the spirit of Macbeth's physician, throwing the responsibility of recovery upon the unfortunate and mentally overburdened patient, who, rendered desperate under the organic depression which weights him, will seek relief, if not wisely circumvented, in desperate resources. The time will come in the progress of this malady when the intellect becomes powerless to check the fatal impulses which grow out of the morbid feeling, like the resistless convulsive impulse, contraction or paralysis of a motor centre of the spinal cord or brain, and a record of self-destruction ends the patient's mental misery and refutes the mistaken diagnosis. Or, the patient may, through lack of treatment or injudicious advice of friends, fast himself and starve. Melancholia, if unarrested, produces mania, and there would be more if they did not commit suicide. Habitual or oft-recurring lowness of spirits should not be made light of by the physician or by the patient. Here the essayist referred to the nerve elements of the brain, the connections existing between the grey and the white matter and the anatomy of the brain and its attributes. He regarded the melancholic as a subject of study carpi ad caput. Whilst the head is, ordinarily, chiefly at fault, other parts of the body are so also. The number of post-mortem examinations of the brain of simple melancholics is small, as, outside of the asylums, the ones who have committed suicide were not suspected of insanity.

The prognosis of melancholia is favorable. It depends upon the duration of the disease and the degree of morbid degeneration established. In the early stage, when there is mainly vascular depression, the chances are good. The ordinary period of recovery varies from three to twelve months. Some ought to be taken to asylums. Patients should be closely watched. A long persisting, fixed delusion points to chronicity. Diversion is a great factor for good; the patient should not be sympathized with, but diverted by cheerful and pleasant surroundings.

The progress of recovery will keep pace with the success attained in removing the moral or physical cause. If the cause cannot be removed, remove the patient from it. Sleep also is a great restorer of the strained brain.

The strict medical management consists in:

1st. Tranquilization of psychical agitation.

2nd. Restoration of the lost cerebral activity.

3rd. Substitution of new, diverting and agreeable psychical impressions.

For the first nightly doses of alcohol, chlo-

ral hydrate or opium to induce sleep and ether lotions to the head. Ether inhalation may be occasionally resorted to. Cephalic galvanization before bed time may supplant these or prove a valuable adjuvant. For the second, everything that builds up—malt, pepsin, hypophosphites, etc.,—should be given. The ozone formed by the static machine quickens the blood changes and makes a demand for iron. Hence, static electricity and mild static massage, more especially if the patient be obese. Patient may refuse food, but liquid concentrated food must be insisted upon. For the third, the judicious use of exhilarant stimulants—opium, codeia, cannabis indica, caffeine, theine, valerianate of ammonia, cocaine, etc. The reader thought best to use of these sparingly; he generally used:

Codeia, - - - -	gr. ss.
Aloin, - - - -	gr. ss.
Pyrophosphate of iron, -	gr. ij.
Quinine, - - - -	gr. j.
Ext. nux vomica, - -	gr. ss.

Place in a capsule and administer a similar dose at 10 A. M. and 3 P. M. for a few days. Then substitute one grain of extract cannabis Indica for the codeia for a few days. Lately he had given a half-grain of cocaine in lieu of the codeia; he regarded it, however, as inferior to opium, because more transitory.

He thought that melancholia was often associated and allied with the insane diathesis which often makes such an impression that only family extinction can eradicate it.

The prognosis and success in treatment depend upon the ability to discern the underlying causes and their importance. In this regard all constitutional vices must be considered. The changes induced by alcoholism, syphilis, scrofula, phthisis, chronic malarial poisoning, etc., must be considered. He had seen a melancholic become well with the cure of a rectal fistula; others after the removal of a stone; also similarly in prostatitis and cystitis or spermatorrhea. Hippocrates said: "If the evacuation of a dropsy should happen to a melancholic man his misery would be ended." He had seen amelioration and recovery after the cure of hemorrhoids. Dyspeptic conditions give to melancholia a hypochondriacal phase; whilst venereal excesses give rise to gloomy forebodings, sexual apprehension, morbid sexual antipathy and impulses to homicide. Overstrained business men imagine themselves on the verge of want. Rest and recuperative treatment has occasionally restored such cases. In the earliest stage the patient refuses food and medicine, believing them to be poisoned, and seeks self-destruction to avoid impending evil, or seeks flight from imaginary harm or practices self-mutilation. The family physician should send bad cases to an asylum. Melancholy must be treated by gradual approaches and in the administration of narcotics care should be taken not to engender a habit. Wine of coca is preferable to cocaine, and should not be followed soon after by ether or chloral as heart and lung paralysis may follow. Cocaine in poisonous doses attacks the medulla and upper portion of the cord. It also produces respiratory paralysis and of the vasomotor centre. The paper concluded with an account of experiments with cocaine taken from the Trans. N. Y. Path. Soc'y., Nov. 25, 1885.

Dr. Dean had a case in the City Hospital where a man cut off his whole generative organs.

Dr. Hughes spoke of insanity following melancholia and thought the physicians were responsible to a certain degree for this as the symptoms might have been alleviated in the beginning by proper care and treatment.

Dr. Bremer had seen a man with a peculiar form of melancholia. He thought that he emitted a horrible stench, that every one smelled him, etc. He had lately seen a young married man with confirmed melancholia who imagined the same thing. He went to the police station and stated that he was a corpse undergoing decomposition and wished to be taken to the morgue. He eventually cut his throat.

He had found no benefit from cerebral galvanization; he thought it dangerous, as it may produce vertigo in those predisposed to it. He also thought static electricity was greatly overrated. The question of cocaine in melancholia was not sufficiently clear as yet to express a definite opinion.

Dr. E. H. Geegory inquired of the last speaker if he had seen cases involving any other of the special senses.

Dr. Bremer said that hallucinations of hearing and seeing are often seen. He had never seen one where the sense of taste was involved. Those involving the hearing are the worst melancholics, as they generally become insane.

Dr. Dean had seen a case like Dr. Bremer's. The man was certain he stunk. He was persuaded to the contrary, but one day being near the offal box his hallucination returned, and he got worse so that finally he was sent to the Insane Asylum. He threatened suicide quite often.

Dr. Hughes remembered this case and called it auto-mysophobia. The fear of con-

tamination has been known to alienists fo' years. Mysophobia (Hammond) is the fea of being contaminated by others. In Dr. Dean's case the man was afraid of contaminating others. The speaker said that the constant current would not produce vertigo if the current was directed in the proper direction and avoiding the sympathetic. A descending current will not produce it, whilst a cross current will.

BULLETIN OF THE NATIONAL BOARD OF HEALTH.

JANUARY 13, 1886.

The following abstract from Consular and other reports received at this office since the date of our last Bulletin is respectfully transmitted for your information:

Montreal, Dec. 26, nine deaths from small-pox in the city and twenty-nine deaths in adjoining municipalities.

Montreal, Jan. 2, seven deaths from small-pox in the city and twenty-two in adjoining municipalities.

Kingston, Dec. 25, free from epidemic disease.

Kingston, Jan. 1, scarlet fever prevalent.

Three Rivers, Jan. 2, measles prevalent.

Toronto, Dec. 26, no cases or deaths from contagious diseases reported.

The Secretary of the State Board of Health of Maine reports under date of Dec. 23, that information received at that office indicates that small-pox is still generally prevalent in the province of Quebec. He gives the names of eighteen towns which are known to the Board to be, or, lately to have been, affected with the disease.

It is scarcely necessary to suggest the need of continued watchfulness on the part of our health authorities to prevent the introduction of the disease into the United States.

Matanzas, Cuba, Dec. 30, free from epi demic disease.

Nassau, N. P., Dec. 26, free from epidemic disease.

St. Thomas, D. W. I., Dec. 18, yellow fever in Santa Cruz, forty miles distant. No quarantine regulations established.

Acapulco, Mexico, December 14, intermittent fevers prevalent.

San Domingo, Dec. 24, free from epidemic diseases.

Georgetown, Demerara, Oct. 111 deaths from yellow fever.

Laguayra, Venez, Dec. 5, yellow fever in Caracas still declining.

Buenos Ayres, July, 101 deaths from small-pox.

Buenos Ayres, Aug. 114 deaths from small-pox.

Buenos Ayres, Sept., fifty-nine deaths from small-pox.

London, England, Dec. 19, no deaths from small pox were reported during the week. Thirteen cases were admitted to hospital dvring the week, as against six during the previous week.

Bristol, England, Dec. 11, three cases of small-pox reported.

Glasgow, Scotland, Dec. 15-19, three deaths from small-pox.

Edinburg, Dec. 12, five cases of small-pox in hospital.

Paris, Dec. 5-26, ten deaths from small-pox; thirty-six cases in hospital.

Bordeaux, Dec. 12, one death from small-pox.

Rheims, Dec. 26, three cases of small-pox reported.

Nice, Dec. 21, one death from small-pox.

Copenhagen, October, sixteen deaths from small-pox. Two cases reported during week ending Dec. 8.

Antwerp, Belg, Dec. 5, fourteen cases and three deaths from small-pox.

Zurich, Dec. 5, two deaths from small-pox.

Cadiz, Spain, Dec. 12, free from epidemic diseases.

Genoa, Italy, Dec. 5-19, sixty cases and eleven deaths from small-pox.

Venice, Dec. 12, three deaths from cholera, and fourteen from small-pox.

Small-pox is reported as present in most of the Italian provinces. During the month of August there were 1386 cases and 216 deaths from the disease in 114 towns from which reports were received.

During the month of September 2,219 cases and 411 deaths were reported in 127 towns.

Trieste, Austria, Dec. 5, nine cases and two deaths from small-pox.

Prague, Dec. 17, two deaths from small-pox.

Warsaw, Dec. 5, four deaths from small-pox.

Calcutta, India, Nov, 21, twenty-eight deaths from cholera.

Nov. 28, forty deaths from cholera.

Osaka and Hioga Japan, Nov. 29, cholera reported, number of cases and deaths not given.

Sydney, Australia, October, six deaths from cholera, in the city and five in the suburbs.

Very respectfully,

W. P. Dunwoody,
Secretary.

ITEMS.

—Pasteur Studying Hydrophobia—Biting dogs and bitten dogs fill the laboratory. Without reckoning the hundreds of mad dogs that have died in the laboratory during the last three years, there never occurs a case of hydrophobia in Paris of which Pasteur is not informed. Not long ago a veterinary surgeon telegraphed him: "Attack at its height in poodle dog and bulldog. Come." Pasteur invited me to accompany him, and we started, carrying six rabbits with us in a basket. The two dogs were rabid to the last degree. The bulldog especially, an enormous creature, howled and foamed in its cage. A bar of iron was held out to him; he threw himself upon it, and there was great difficulty in drawing it away from his bloody fangs. One of the rabbits was then brought near to the cage and its drooping ear was allowed to pass through the bars. But notwithstanding this provocation the dog flung himself down at the bottom of his cage and refused to bite. Two youths then threw a cord with a slip-loop over the dog as a lasso is thrown. The animal was caught and drawn to the edge of the cage. There they managed to get hold of him and secure his jaws, and the dog, suffocating with fury, his eyes bloodshot, and his body convulsed with a violent spasm, was extended upon a table and held motionless, while Pasteur, over his foaming head at the distance of a finger's breadth, sucked up into a narrow tube some drops of saliva. In the basement of the veterinary surgeon's house, witnessing this formidable tête-a-tête, I thought Pasteur grander than I had ever thought him before.—Histoire d'un Savant par un Ignorant, by Valery Radot.—Gaillard's Medical Journal.

—Salisbury Steak.—The Salisbury steak is made by taking the best slices of the "round" of the beaf, and chopping it with dull knives. The object is not to cut, but rather pound the meat. By thus treating it, the pulp comes to the top, and the tough, fibrous portion remains below. This pnlp is scraped off and made into cakes, like sausage-cakes, or into the shape like a good-sized steak and gently broiled on a gridiron. It has been found that meat gently cooked is more digestible than raw. The fire must be good, so that the meat may be rapidly broiled—that is, be cooked on the outside and almost raw inside.

A little salt and pepper and a small amount of butter added make a not at all unpalatable dish, and one which contains all the strength of the beef, with the tough, indigestible portion entirely separated. This diet is used exclusively in chronic cases by physicians professing to treat according to the Salisbury method. They use but few drugs, and what they use are mainly tonics. The diet is used not only in diseased digestion, but diseases of liver, kidney, stomach, bowels, nerves, etc., and remarkable results are said to have been obtained.—New York Mc Times.—Medical Herald.

—Unalterable Cocaine Solutions.—Solutions of cocaine, as those of morphine, atropine, and some other alkaloids, when made with simple distilled water, rapidly become spoiled through the growth of a fungus. Such impure solutions may cause injury to the tissues when injected, or may excite inflammation of the conjunctiva when employed in ophthalmic practice. In order to obviate this Dr. George Abbott recommends a solution in camphor water. He has kept solutions of atropine to which camphor (one grain to the ounce) was added for over a year, and has not seen any micro-organism develop. Camphor is especially suited for preserving solutions intended for use in the eye.—N. Y. Med. Record.

—Am Ende, the Hoboken druggist, has just been acquitted. It will be remembered that through his carelessness morphine was substituted for quinine, and two young women were poisoned. One of them was the fiancée of a young Dr. Lowenthal, who nursed her through her last illness. The claim of temporary insanity was urged by the defendant. However flimsy such a plea may ordinarily be from a medico-legal standpoint, much sympathy is felt for the defendant. It is well known that at the time of the accident he was in a most deplorable state of mind. Many druggists are cognizant of his peculiarities of mind, his forgetfulness and absent mindedness. Am Ende is known as the inventor of absorbent cotton, and has had more to do with the success of antiseptic surgery than any person in the country except the surgeon; themselves.—Medical News.

—New York Physicians seeking Protection.—Drs. E. G. Janeway, A. Jacobi, Austin Flint, and twenty other physicians, have sent to the Board a written protest against the liability to suits for damages which physicians are made to assume when in good faith they report supposed cases of contagious diseases. A recent suit against a physician who reported that a woman had smallpox when she was suffering from another disease, was the cause of the protest. It was said that physicians might neglect to report dangerous cases of typhus fever or smallpox if something was not done to change the law. The Board was urged to prepare a bill for the Legislature to exempt physicians from the legal consequences of too hasty reports in cases of suspected contagion. No action was taken on the communication.—Med. News.

—Delicate Test for Arsenic. (O. Schlikum, Pharm. Ztg., 1885, 465.)—If a small crystal (.01 to .02 grams) of sodium sulphite be put in a solution of .3 to .4 grams of tin chloride in 3 or 4 grams of hydrochloric acid, in addition to sulphurous acid, sulphuretted hydrogen will be formed by the reducing action of the tin chloride on the sulphurous acid. If hydrochloric acid containing some arsenic be now cautiously poured on to the other solution a yellow ring of sulphide of arsenic (As 2 S 3) will form at the junction of the two solutions, even if only as little as .05 milligram of arsenious acid be present; the ring gradually extends upwards, and if .5 milligram be present the whole of the upper layer of acid becomes yellow. If arsenic acid be present, the reaction takes place more slowly. The author recommends this test for analyzing preparations of bismuth and antimony, and for all other substances soluble in hydrochloric acid.—The Analyst.—Pharm. Record.

—The annual report of the yearly mortality of the City of St. Louis during 1885 has reached us, and contains many items of interest. Only eighteen cases of small-pox and varioloid occurred during the year and were sent to Small-Pox Hospital, six miles south of the city. Five deaths occurred there. We note the following statistics:

The population af the City of St. Louis in 1860, was 106,773. By the Census of 1880 the population on June 1st, 1880, was 350,522. Estimated population, January 1st, 1882, 370,000. Annual death rate per thousand, during 1882, was 19.6; during 1883, the rate was 20.4. Estimated population being 400,000 in 1884, annual death rate per thousand was 19.7. Estimated population being 400,000 in 1885' annual death rate per thousand was 18.7.

The area of the city and extent of public improvements is shown by this table:

Total area of the city, square miles,	61.37
Number of acres,	39,276,25
Area of parks, acres,	2,104,77
Length of wharf or river front, miles,	19.15
Length of paved and macadamized wharf, miles,	3.40
Number of miles of macadamized streets in city,	292.74
Number of miles of paved alleys,	68.45
Number of miles of Nicholson pavements in streets,	3.54
Number of miles of granite pavements in streets,	13.78
Length of horse railways, miles,	119.09
Length of steam railways, miles.	48.00
Length of sewers, miles,	247.00
Length of water-pipe, miles,	278.33

The consumption of water during the year averaged 27,400,000 gallons per day.

The mortality is classified as follows:

	Total Deaths reported during the year ending Dec. 31, 1885.	Total Deaths reported during the year ending Dec. 31, 1884.
Total Deaths from all Causes	7490	7887
Total Zymotic Diseases	1999	2338
Total Constitutional Diseases	1510	1558
Total Local Diseases	3001	2970
Total Developmental Diseases	642	653
Deaths by Violence	338	366
Unknown	.. ..	2
Small-pox	.....	4
Measles	54	33
Scarlatina	164	161
Diphtheria	372	425
Membranous Croup	109	116
Whooping Cough	24	32
Typhoid Fever	125	166
Cerebro-Spinal Fever	30	43
Remittent, Intermittent, Typho-Malarial, Congestive and Simple Continued Fevers.	263	261
Puerperal Fever	61	54
Diarrheal Diseases { Under 5 Years	441	582
Diarrheal Diseases { Other Ages	91	130
Erysipelas	16	23
Pyemia and Septicemia	33	37
Syphilis	25	28
Inanition, Want of Breast Milk, etc	151	182
Alcoholism	38	39
Other Zymotic Diseases	2	22
Rheumatism and Gout	22	2
Cancer and Malignant Tumor	152	171
Phthisis and Tuberculosis Pulmon	888	845
Marasmus—Tabes Mesenterica and Scrofula.	304	333
Hydrocephalus, Tubercular Meningitis, etc.	47	45
Other Constitutional Diseases	97	144
Bronchitis	265	258
Pneumonia	511	501
Other Diseases, Respiratory Organs	228	228
Diseases of the Circulatory System	296	305
Meningitis and Encephalitis	183	178
Convulsions and Trismus	426	429
Heat Stroke	49	1
Apoplexy	78	88
Other Diseases of the Brain and Nervous System	325	361
Cirrhosis of Liver and Hepatitis	128	171
Enteritis, Gastro-Enteritis, Peritonitis and Gastritis	287	251
Bright's Disease and Nephritis	126	105
Other Diseases Urinary Organs	55	62
Diseases Generative Organs	22	16
Diseases of the Locomotory Organs	12	9
Dieseases of the Integument	10	7
Accidents of Pregnancy and Childbirth	28	29
Congenital Debility, Malformation, etc	328	344
Senility	286	280
Surgical Operations	19	11
Deaths by Suicide	79	89
Deaths by Homicide	36	31
Deaths by Accident	204	234
Execution by warrant of Law	.....	1
Unknown	.....	2

During the year 9,906 births were recorded.

THE WEEKLY MEDICAL REVIEW.

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ORIGIN OF PUS.

Ever since Cohnheim established the migration of white blood corpuscles in the inflammatory process, it has been a much discussed question whence all the pus cells that are found in a suppurative inflammation come from. Pounds and pounds of pus may accumulate, making out a quantity of cells far in excess of the number of white corpuscles. Cohnheim met this point of objection on the part of Virchow, who endeavored to prove an active proliferation of the fixed tissue cells as a partial source of pus, by advancing that our ideas of the number of white blood cells that are normally present are vague on account of their being obscured and hidden by the red corpuscles in circulating blood, and that in the withdrawal of blood many of them, on account of their peculiar viscidity, adhere to the vascular walls, and thus only a small proportion are found.

Cohnheim also argued that an increased formation of white cells takes place by the lymphatic glands and the spleen. In support thereof Cohnheim called attention to the enlargement of lymphatic glands near an inflammatory focus, and to the enlargement of the spleen that accompanies violent and general inflammation. This argument was opposed by Hering and Thoma, who demonstrated the fact of a transmigration from the blood vessels to lymphatic channels and therefore held that such lymphatic gland-swelling was more probably occasioned by a wandering of leucocytes out of the inflamed area into the lymphatics and an arrest in the glands. This they thought ended the significance of the phenomena.

Cohnheim's first assumption evidently does not suffice in explanation of the pus-masses, and a multiplication of the migrated leucocytes, though it may take place, occurs to a degree too insignificant to afford an explanation. From the direct observation of the phenomena of inflammation it was thought probable that within the blood-vessels themselves an active increase of white blood cells ensues. In what manner this occurs is purely hypothetical. Schiff looked to the endothelia of the vessels as a possible source of the increase. However, the endothelial lining is found unchanged and intact in the typical forms of inflammation. There remains only the view that the white cells themselves proliferate in the blood channels, or that a transformation of red cells into white might possibly occur. Both ideas are not substantiated by any positive observation; the latter even is contradictory to our current views. Some observers have contended that in the blood of amphibia morphological forms may be demonstrated in association with the nucleus of the red cells, that are indicative of transitions to white elements. However, be that as it may, in the warm-blooded species we have red elements of a peculiar differentiation of structure and function; only the embryonic elements are nucleated in the mammalia.

On account of the unsettled condition of the views on this subject, a study presented by T. P. Gostling to the Royal Medical and Chirurgical Society is of great interest and importance. Mr. Gostling, at the meeting held January 12, presented his conclusions on the increase of the number of white corpuscles in the blood in inflammation, especially in those cases accompanied by suppuration. We learn from the report contained in the British Medical Journal that estimations were made by the author of the increase in number of white blood cells, by means of a Gower's

hemacytometer, and the results were given in percentage numbers of red, and in relative numbers of white corpuscles, the normal number being taken as one white to three hundred and thirty-three red corpuscles, as stated by Dr. Gowers.

The following are the observations:

Estimations had been made in the following cases: Case 1, iliac abscess; Case 2, pelvic cellulitis and probably abscess; Case 3, suppurating white leg; Case 4, suppurating tonsillitis; Cases 5 and 6, white swelling treated by the actual cautery; Cases 7, 8, 9, and 10, empyema; Cases 11, 12, and 13, phthisis; Cases 14 and 15, serous pleurisy; Case 16, lobar pneumonia; Cases 17 and 18, typhoid fever; Case 19, acute rheumatism. In the iliac abscess, Case 1, ten observations were made on separate days before the abscess was opened. The first half of these estimations showed the relative average number of white to red corpuscles to be 1 to 160; the second half 1 to 101. The abscess was then opened, and the proportion immediately fell to 1 to 383; after which there was a slight increase and then a steady decrease to the normal proportion, as was shown by the following averages: 1 to 203, 1 to 223, 1 to 252, and 1 to 358. In Case 2, which was one of pelvic cellulitis and probably abscess, there was found, for a long period, a large increase in the number of the white blood-corpuscles. As was shown by the averages given below, these covered a period of eighty-four days, and each average was made from five estimations: 1 to 148, 1 to 172, 1 to 150, 1 to 158, 1 to 167. During the above period, grave symptoms existed; but on May 15th, these began to improve, and at once the relative number of white corpuscles decreased to 1 to 250, and on May 19th reached the proportion of 1 to 366. It was thought that an abscess in this case had discharged by the bowel, and, if so, the sudden fall would correspond with that seen in Case 1. Analogous conditions were found in the other cases. The new series of observations were from cases of phthisis (Nos. 11 and 12), in both of which cavities secreting pus existed in the lung. Cases of serous pleurisy, acute rheumatism, typhoid fever, pneumonia, and cauterisation, were also considered with reference to the proportion of white corpuscles. The following conclusions were drawn. 1. White corpuscles are increased in number in suppurative inflammations, especially when accompanied by tension. 2. They are slightly increased in parenchymatous inflammations. 3. They are not increased in inflammations accompanied by serous or sero-fibrinous exudation.

The significance of the above resume is evidently that the increase in the blood is due to absorption from the inflammatory focus.

In the discussion that ensued Dr. Sydney Ringer stated that the observations pointed to a multiplication of the corpuscles after escaping from the blood-vessels.

Dr. George Thin said that the result of his studies of the corneæ of rabbits taught him that the white corpuscles do multiply after leaving the vessels. He positively had seen them in all the stages of sub-division and multiplication.

In reply to the inquiries if there was any diminution in the normal number of the red corpuscles Mr. Gostling stated that the number was normal. Thus then this source of origin of the white cells seems excluded.

The most important point brought out was the statement by Mr. Gostling that he had found a very marked increase of white corpuscles before any distinct evidence of abscess formation could be obtained. This indicates then that primarily, in all probability, multiplication of white elements takes place in the blood circulatory channels; and that with increased tension in the focus of inflammation a transmigration of vital elements into the lymphatic system takes place. Here proliferative changes may ensue and the increased product is poured into the blood circulation thereby increasing the white elements in their relative proportion. The lymphatic apparatus plays a most important rôle, no doubt. In substantiation there of, may be cited, in addition to the known transmigra-

tion of white corpuscles into the lymphatics, that Lassar found, during studies pursued under Cohnheim, that lymph flows in seven times the quantity from the lymphatics of an inflamed hind leg of a dog as compared with the flow from the opposite member; and that such lymph is thicker, coagulates more rapidly and contains more corpuscular elements by far than ordinary lymph. In other words such a fluid appears eminently fitted to advance proliferative increase of the active elements contained in it.

The source of the increase of the white corpuscles, which was to Cohnhein the most difficult point, is not made clear by Mr. Gostling's researches. At any rate no support is given to the view that the pus originates from the fixed cells of the tissue. An increase of white blood cells in the blood channels is proven beyond a doubt, however, and it is more than probable that the proliferation occurs in the lymphatic system. Thus, then, Cohnheim's theory of pus origin indirectly through increased formative activity in the lymphatics appears quite plausible.

Hot Water in Acute Prostatitis.

In Lyon Médical we find a recommendation of the use of hot water in cases of acute prostatitis. Two cases in point are cited, in which the violent inflammatory phenomena were subdued within a few days.

In the first instance sudden dysuria became established in the course of a gonorrhea. An enormous tumefaction of the prostate was found on palpation per rectum. A large swelling with smooth surfaces, of considerable hardness and pulsating under the examining finger was made out. The suffering was intense. At once compresses wrung out out of hot water were applied to the perineum and hot enemata were given and ordered retained. The pain, the vesical and rectal tenesmus and dysuria became lessened at once. The swelling subsided and recovery was perfect at the end of the third day.

In the second case the same success followed rectal injections of hot water that were made at night and in the morning, together with hot water compresses applied to the perineum throughout the day.

Albuminuria in strangulated Hernia.

In the Medicinisch-Chirurigische Rundschau we find a reference to a report of Dr. English, a Vienna hospital physician, respecting the excretion of albumen by the kidneys in strangulated hernia. Since 1879 Dr. English examined the urine in all cases of intestinal protrusion that came to his notice.

The following are his interesting observations:

If the urine was normal before the occurrence of strangulation, albumen will soon be found present, increasing in quantity with the duration of the incarceration and with the gravity of the symptoms. The maximum amount is reached just before reduction of the trouble; a gradual decrease follows, and normal excretion of urine is soon established, if no complications supervene. The quantity of albumen is greater in cases that demand a cutting operation, than in those that yield to taxis. The more violent the vomiting, the more albumen is found present. The quantity of albumen seems to bear no relation, however, to the degree of peritonitis. In gangrenous conditions of the intestine large quantities of albumen are found, the amounts appearing to correspond to the degree of intestinal legion. Corresponding to this observation, it is found that partial implication of the intestine is attended by less albuminous loss than engagement of an entire loop. Strangulation of diverticula exhibit traces only, and cases of incarcerated omental hernia, or omentum prolapsed from a wound of the belly, show absolutely no albuminous urine.

Those cases are of especial interest in which death soon follows taxis or herniotomy and in which inconsiderable intestinal lesions are found post-mortem. Pitha, Trelat and Verneuil have reported such cases and state that anuria and congestion of the lungs were the chief symptoms during life; and that the post-mortem examination showed, aside from

insignificant changes of the intestine and peritoneum, marked kidney trouble.

From these reports and his own observations English infers that the disturbance of the renal function may be so great that death ensues.

The results of English's observations may be applied to diagnosis The manner and the nature of the strangulation may be determined. If albumen be found in the urine, an intestinal strangulation is certain and the amount of albumen is a good indication of the degree of damage. Presence of albumen ought to hurry a cutting operation; no time should be wasted in continued taxis nnder such circumstances.

Salicylate of Lithia.

The French are working diligently in the line of therapeutic advance, and some new points are always brought up in their scientific meetings. Vulpian has given his attention to the study of the action of salicylate of lithia and spoke thereon at a December meeting of the Paris Academy. He considers the lithia salt of the same therapeutic virtue in acute inflammatory rheumatism and acute gout as the soda-salt, which, as is well known, avails little in subacute and chronic articular rheumatism and is almost inert in gonorrheal rheumatism. Vulpian has found that in acute cases after the salicylate of soda has been given and a rapid improvement has taken place, that still the joints may remain somewhat painful and of impaired function. Such cases occur quite often and even toxic doses of the soda-salt make no impression on this condition. Here the salicylate of lithia is in place and effects rapid improvement especially in those cases in which the fibrous tissues of the joints have become involved.

Those rheumatic forms that are attended by considerable subcutaneous tissue-affection are also better managed by the lithia. Vulpian had such patients that derived no relief at all from the soda and went on to recovery only after lithia had been administered for a week or two; then the spontaneous pain became mitigated; the joints could be manipulated and became more freely movable.

Even chronic rheumatism with deformity and partial anchylosis of joints is amenable to a degree to the influence of the drug. Relief from pain certainly can be established.

The effective dose of the salt is four grams a day for an adult. In cases Vulpian gave five grams per diem, but advises that this should not be exceeded to avoid intoxication.

The salicylate of lithia is soluble in water and of a pleasant taste. The single dose is a half gram. Proportionately more salicylic acid is contained in the lithia-salt than the soda-salt. Patients that have used both, prefer the lithia-salt. The side effects are stated to be less disagreeable. Headache, dizziness and deafness are symptoms that arise; tinnitus, however, is not experienced.

Intestinal derangement may take place, consisting in colicky diarrhea. This is probably due to the lithia; the same symptoms often attend exhibition of the carbonate of lithia. This diarahea never was so severe as to demand a cessation of the medicine. It was unmistakable though that the articular affection was not influenced to a favorable and considable degree, if this diarrhea set in.

Vulpian ascribes the virtues of the salt in first line to the presence of salicylic acid. Other lithia preparations do not exercise these peculiar therapeutic effects. On the other hand, the lithia must also play a part, because in cases where salicylate of soda fails, the new remedy still influences the cases favorably.

The Influence of Alcohol, of Beer, of Black Coffee, Tobacco, Salt and Alum upon Digestion.

Dr. C. Bikfalvi, of Klausenburg, reports, according to the Deutsche Medicinal-Zeitung, upon a series of experimental studies of digestion to the following effect:

1. Alcohol, even in small quantities, arrests the digestive processes. The digestion of albuminates is arrested more than the transformation of dextrin to grape sugar. Gastric

juice, with 20 per cent of alcohol, digests six to seven times smaller quantities than the normal secretion. This is explained by the precipitation of pepsin by the alcohol.

2. Beer does not promote digestion. It appears that this is due, not so much to its alcohol, as to the presence of large quantities of neutral salts that bind the free acid of the gastric secretion. If a few drops of hydrochloric acid are added, the beer no longer inhibits.

3. Wine in small quantities appears to promote digestion; in larger quantities its action is that of alcohol.

4. Black coffee also, when taken in small quantities, stimulates the digestive functions; large quantities act unfavorably.

5. Moderate smoking does not alter digestion. Excessive smoking, however, is of bad influence, because the tobacco derivatives—alkaline reaction of nicotine—neutralize the gastric juice.

6. Small quantities of salt are conducive to the processes under discussion. Large quantities arrest them, probably by hindering the swelling of the food.

7. Alum is decidedly injurious to digestion. Even the change of dextrin is retarded by small quantities. It is used by some bakers in bread; this should not be tolerated for the above given reasons.

Calomel as a Therapeutic Agent.

Prof. Sacharjin has published a paper on calomel treatment of hypertrophic cirrhosis of the liver and on the uses of calomel in internal medication in general in the Zeitschrift fuer klinische Medicin.

The author is of the opinion that the mild chloride is invaluable in affections of the bile-ducts, and maintains that in two diseases, especially, no other medicament can accomplish equally good effects. The affections referred to are biliary colic and hypertrophic cirrhosis of the liver. Of the use of mineral waters in such cases no high opinion is entertained, the relief being but for a brief period. Those cases are especially suited for calomel treatment that present as marked features constant pain in the hepatic region and fever.

The calomel should be given in doses of one grain at hourly intervals until six doses are taken. Thereupon the powder may be administered every two hours. Not more than twelve successive doses should be given. Thus no diarrhea of any serious consequence happens. It is advisable to attend strictly to cleansing the teeth at frequent intervals, and chlorate of potash is suggested as a mouth-wash.

Sacharjin also advises the use of calomel as above detailed in cases of erysipelas in older individuals that are prone to heart-failure and digestive disturbance. The fever is said to be effectually controlled, and the calomel may be repeated after a period of rest, should the process not be arrested.

In enteric fever the results of the author tally with the good experiences of so many others. The calomel should be given in the first week, not later than the eighth or ninth day. Then only if no diarrhea exists.

The purging will relieve meteorism, the sensorium becomes more clear, respiration is easier and the temperature comes down. The calomel is given after the directions cited above and no repetition is had, in order not to depress the patient inordinately. The author does not think that calomel will abort the typhoid fever process.

In acute lobar pneumonia digitalis, quinine, salicylate of soda and cold water do not accomplish as much as calomel, which should be administered early. The temperature then comes down and a crisis may become established.

Acute Bright's disease is another condition that Sacharjin has treated with calomel with the result of reducing the fever, relieving pain and rendering the urine less albuminous. Profuse diarrhea and great feebleness are to be considered as contra-indications.

Treatment of Delirium Tremens.—Dr. Christian, physician of the National Hospital, Charenton, contributes some notes to the

Journal de Médicine de Paris, from which the American Practitioner and News gathers the following points:

If one wished to enumerate all the medicaments that have been extolled for delirium tremens, it would be necessary to pass in review the entire materia medica. Since the disease yields to so many diverse remedies, it is fair to suppose that no one of them possesses any special efficacy, and that the disease would yield as often and as well if abandoned to itself, and the treatment confined to simple expectation.

What strikes one in all these treatments, and what seems common to them, is the enormous doses of the medicines used, and these, though often poisonous and used in large quantities, have failed to produce toxic effects. There evidently must be a tolerance of these medicines in delirium greater than in the normal state.

Through all the various changes of treatment there have been those who have censured the use of drugs, and vaunted simple expectation. Geveget, of the Salpêtriére, in 1831 maintained that patients got well as quickly and as certainly without opium and the bleeding then in vogue, and at the same time Ware demonstrated that spontaneous cure is the rule. In 1841 Professor Dunglison, figures in hand, protested against the treatment by opium. At the Royal Infirmary of Edinburgh, in the same year, of four hundred and three cases treated with large doses of opium with brandy, one hundred and one died, about twenty-five per cent, while at the Glasgow Infirmary seventeen out of thirty-five succumbed; on the other hand, Dr. Laycock by simple expectancy cured twenty-seven out of twenty-eight, and Dr. Peddie lost not a single one out of eighty.

More recently, in 1871, Dr. Decaisne arrived at identical conclusions. He treated five patients by opium, four by digitalis, three by chloral, and eight by the expectant method, and found that the latter, with one exception, recovered more quickly than the others, and with none of the accidents, such as vomitings, etc., experienced by others.

The more recent authors are partisans of the simplest and mildest treatment; to be assured of which, one has only to read Magnan in his book on alcoholism, and the articles in the dictionaries in course of publication signed by Lancereaux, Fournier, Ball and Chambard.

The expectant treatment does not consist merely in folding the arms and watching the development of the symptoms. The method is the antiphlogistic, less the bleedings; that is, of isolating the patient from former surroundings, inducing quiet, a light diet, moderate temperature, abundance of cooling drinks, gentle saline purgatives, tepid baths and sponging.

Dr. Christian details the history of fifty-three cases in his own experience of which seven died on the day of entering the hospital, and five died of injuries and complications, while of the forty-one simple and uncomplicated cases every one recovered under the treatment described, and concludes with the expressed belief that in the immense majority of cases, delirium tremens is an affection easily cured by the simplest means.

Lymphadenosis.—Dr. H. A. Bunker read notes of a case before the Brooklyn Pathological Society (Medical and Surgical Reporter,) which, he remarked, was, perhaps, of special interest on account of the rapid course of the disease.

The patient, a maiden lady aged sixty, had been under his care for about three years, being the subject of chronic gastric catarrh, suffering during rather frequent exacerbations from severe attacks of palpitation of the heart, a sense of impending death, etc. She had had no trouble attributable to the menopause, which, she assured him, had occurred normally, and during his acquaintance with her she had never presented any symptoms pointing to uterine disturbance. She had recovered so far from her anemic and debilitated condition, resulting from her gastric trouble, that for several months previous to her last illness he had not been called upon to prescribe for her. In June, 1885, she consulted him for

edema of the eyelids and slight swelling of the feet, complaining also, of great weakness. Examination of the urine giving a negative result, a physical investigation showed an enlargement in each upper eyelid, hard and painless upon pressure, together with enlarged submaxillary, axillary cervical, and inguinal glands. Later on, an examination at her own home revealed what he, at that time took to be a mass of enlarged mesenteric glands, and which the autopsy showed to be the specimen presented. He was unable to detect any change in the liver or the spleen, but perhaps this would have been difficult if they had been involved, on account of the enormous tympanitic distension of the abdomen. The heart and lungs presented no abnormality of action. The only subjective symptoms were loss of appetite and gradually-increasing general weakness, besides the distress occasioned by the tympanitis. On August 10, the patient had an attack of dyspnea followed by great prostration. Subsequent attacks occurred in rapid succession until September 5, when the patient died of asthenia and asphyxia.

From the appearance of the dyspnea, due, as he believed then and as was shown at the autopsy, to the encroachments of the enlarging bronchial glands, the failure of the patient was rapid. The temperature, which had previously remained about stationary at 100° F., rose to 103° and 104°, and so continued to the end. The pulse, which had been from 80 to 84, now rarely fell below 100, and during the attacks of dyspnea would rise to 120, 130, and 140 to the minute. During the early part of this distressing period Dr. Bennett was called in consultation and confirmed the diagnosis of lymphadenosis.

Total Extirpation of the Tongue by Kocher's Method.—At a late meeting of the New York Surgical Society, according to the report of the New York Medical Journal, Dr. R. F. Weir presented a patient, thirty-eight years of age, on whom he had performed this operation. "The case was interesting mainly with respect to the rapidity of the healing process. The operation was performed on the 8th of December, 1885, and the patient left the hospital, with the wound healed, on the 5th of January, 1886. Prior to the operation he had had symptoms of epithelioma involving the right half of the tongue opposite the last molar teeth for only eight weeks, and during the latter part of this time he had suffered a great deal of pain. The affected portion, about an inch in diameter, was cocainized, and sections were cut off which gave a negative result under the microscope. To eliminate the possibility of syphilis, the patient was put upon specific treatment, but without effect. After removal of the tongue, sections made deeper in the tissue revealed true epithelioma.

After the side of the mouth had been opened by the incision under the jaw and the tongue drawn out and split, with the idea that only half of it would need removal, it was found that the disease had passed so nearly to the median line that it would be hazardous to leave any portion of the organ, and therefore the entire tongue was removed at the level of the hyoid bone, and the great advantage of this method of operating was thereby fully demonstrated. The patient was fed, as was customary in these cases, every three hours with rectal enemata consisting of beef peptonoids, two ounces, and whisky, half an ounce. These were continued for twenty-four hours without additional material. The enemata were discontinued on the sixth day. On the second day he was fed by an esophageal tube. On the tenth day he swallowed. The tracheal tube was removed on the eighteenth day. The infra-maxillary wound was closed on the twenty-sixth day after the operation. Notwithstanding the severity of the operation, it was felt, of necessity, in such operations, that it was impossible to go very far beyond the diseased mass, and probably not more than three-fourths of an inch was removed beyond the growth on the maxillary side.

These cases had become comparatively common, but the ability to talk which this patient retained was astonishing to the man himself and to those who had seen him. An

important item in securing success was the thorough carrying out of the aseptic treatment, which was facilitated by the employment of what was called the "sticky gauze," brought to our notice first by Bilroth. The speaker had been able- with the assistance of Dr. Martin, the apothecary of the hospital, to prepare a sticky gauze which he thought was superior to that made after Billroth's formula. Billroth's formula was as follows:

Resin,	60·0 grammes	(900 grains);
95 per cent alcohol,	1200·0 "	(1,800 ");
Dissolve and add		
Glycerin,	50·0 grammes	(750 grains).

Impregnante 6 meters of absorbent gauze, and, when half dry, rub in

Iodoform, 50.0 grammes [750 grains].

The formula for Dr. Weir's improved gauze was:

Resin - - -	10 parts.
Castor-oil - - -	6 "
Alcohol - -	16 "
Iodoform - - -	5 "

These were mixed together, and the mixture was sufficient to impregnate 25 parts of gauze."

Eruptions Due to Use of Certain Medicines.—Charles Everett Warren, M.D., Boston, Mass., publishes the following table in the College and Clinical Record :

Quinine. —Erythema scarlatina ; papular erythema. Hemorrhages and purpura. Pemphigus, edema and prurigo.

Cinchona, belladonna, stramonium and strychnine have the same characters as quinine.

Digitalis.—Erythema after long use.

Aconite.—Vesicular exanthemata.

Santonine.—Pemphigus, vesicles.

Opium and Morphine.—Erythema ; papular eruption with marked desquamation and itching.

Pilocarpine.—Increased perspiration.

Atropia.—Diminished perspiration.

Phosphorus.—Purpura.

Mercury (internally).—Erythema ; eczema.

Arsenic.—Erythema and papules ; vesicles and pustules.

Carbolic Acid.—Erythema ; pemphigus.

Salicylic Acid.—Purpura ; vesicular angina and pemphigus.

Chloral.—Erythema slightly colored, itching, desquamation, purpura and petechia ; eczema.

Copaiba, Cubebs, Turpentine. — Pemphigus ; erythema and eczema.

Cod Liver Oil.—Acne.

Iodide of Potash.—Papules, vesicles ; pustules, ecthyma, ecchymoses and purpura.

Bromide of Potash.—Papules and pustules, deep tubercles with ecchymoses, pemphigus, ulcers.

Perforative Peritonitis.—According to the New York Record the following is an abstract from the Zeitschrift fuer klinische Chirurgie: Dr. Ebstein sums up the results of his observations on peritonitis from perforation as follows : 1. As in acute diffuse peritonitis, so also in peritonitis following perforation of the stomach or intestine from ulceration or other cause, there may be contraction of the abdominal muscles ; this may be very intense, and its duration may vary. Death may occur while it is present. As a rule, the contraction gives way to more or less swelling of the abdomen, with or without tension of the abdominal muscles. 2. When contraction of the abdominal muscles is present perforative peritonitis may be suspected ; a, if symptoms of acute diffuse peritonitis be present ; b, if liver dulness, which was known to be present before the symptoms set in, disappears partly or completely, and if there be a doughy condition of the epigastrium, with a distinctly tympanitic, generally high, percussion-sound. 3. The last-named symptoms, however, lose much of their value when the abdomen is much distended, as great distention of the bowels may produce perfectly analogous signs. The statement of the patient that he has felt as if something were torn in his belly has a certain diagnostic value. Dr. Ebstein disapproves of moving or shaking the patient for the purpose of diagnosis, as being dangerous and of doubtful value. 4. Persistence of liver-dulness in perforation of the stomach or bowel into the peritoneal cavity indicates, provided the liver be not fixed in its position, that the peritoneal cavity contains fluid and

not air, or that perforation has taken place a short time before or after death. 5. In some cases of peritonitis from perforation of the stomach, only the contents of the stomach escape into the peritoneum, but no air. The escape of fluid ingesta is followed by very acute peritonitis; if this do not occur the perforation has taken place after, or a very short time before, death. 6. The absence of vomiting when peritonitis is present, and its arrest when diffuse acute peritonitis has set in and the patient remains conscious, indicates either that the peritonitis has been caused by perforation of the stomach, or that perforation has supervened on diffuse peritonitis. Vomiting is absent where perforation takes place into the general peritoneal cavity; and the same may be the case when the opening leads into the omental sac. Vomiting may occur in peritonitis from perforation of the stomach, or may recur after cessation, if the opening become closed by adhesion to the neighboring parts.

Hemorrhagic Amblyopia Cured by Dilatation of the Sphincter Ani.—The New York Medical Abstract takes from the M. Times, Nov. 28, the notes of R. N. Hartley to this effect: A man consulted me in June last on account of a gradual loss of sight. He thought he was "going blind." There was very serious visual defect, the distant vision of each eye being only equal to $\frac{20}{70}$, while no type smaller than No. 14 Jaeger could be read. There was nothing in the appearance of the eyes (ophthalmoscopic or other) to account for so much defect, except a slight pallor of the discs. From his appearance I suspected that he might be suffering from loss of blood in some way, and a little close questioning elicited the following facts. For ten years he had suffered from repeated bleedings from the anus. The bowels were never moved without great pain, and seldom without bleeding, sometimes slight, but often profuse, and the last three months he had frequently to leave his work and go home on account of severe bleeding, which saturated his clothes, etc. He was constantly taking either purgatives or astringents. Introduction of the finger into the bowel caused such intense pain that a thorough examination was impossible without an anesthetic. I thought the failure of sight was due to the bleeding, and advised that this should be treated. Accordingly, in a few days, he was put under ether, and I found an enormously powerful sphincter ani, the internal fibres being especially marked as rigid rings extending for some distance up the bowel. I freely and thoroughly stretched with the fore and middle fingers of each hand the rigid sphincter until all sense of resistance had ceased, and all the fingers of one hand in the form of a cone could be easily pushed into the rectum. The congested and swollen mucous membrane now protruded, and the surface of it was seen to be here and there marked by irregular ulcerated patches, which had no doubt been a chief source of the hemorrhages. Nothing more was done except the swabbing of the parts with carbolized glycerine. After three days' rest in bed the bowels moved spontaneously for the first time since the operation, with little or no pain, and with no bleeding. Six weeks afterwards he said, "I feel a new man, I have never bled once since I had the ether; I have never had a dose of medicine, and my bowels act every morning without pain or difficulty." He still remains (Oct. 1885) in the same happy condition, and his acuity of vision is now perfectly normal—$\frac{20}{20}$ and J. 1.

Prevention of Corneal Erosion and Ulceration by the Local Application of Oleum Ricini.—Frank G. Connel, M. D., Detroit, Mich., writes on this subject to the Medical Age as follows: Ulceration and erosion of the cornea is the most untoward event that can happen in the course of a catarrhal or purulent ophthalmia. Children are common subjects of the misfortune. With them the corneal tissue seems especially weak and friable, while the orbicularis palpebrarum muscles are unusually strong and irritable, and easily grind the surfaces of the orbicular and palpebral conjunctivæ together, produc-

ing the erosion and ulceration so justly feared.

It is not the mere loss of tissue from the cornea that makes it so desirable to prevent the lesions mentioned above, but it is the fact that when such lesions heal they are likely to leave the cornea opaque and impervious to light.

The principles which must guide the practitioner in his efforts to ward off an erosion or ulceration of the cornea, are based upon two principal conditions which I fear are not commonly measured for all they are worth. They are: 1. A constitutional weakness and fragility of the corneal substance, which is often remedied by the exhibition of cod-liver oil, potassic iodide, ferrous iodide—medicines of supporting and restorative character; and, 2, the spasm of the eyelids (blepharo-spasm), often associated with fear of light (photophobia) and which may be remedied by the use of anodynes, atropine sometimes, and section, with knife or scissors, of the external canthus of the eye, dividing the muscle which is in violent contraction.

The former condition is not infrequently overlooked by specialists, and the latter condition is as often overlooked by general practitioners. These gentlemen often boast of curing this or that case of chronic keratitis with cod-liver oil and constitutional treatment long after the specialist has exhausted the patient, in body and purse, with his local applitions and too frequent manipulations. The specialist, too, reports with great pomp and pride that he has cured such and such a case of corneal erosion and pannus and blepharospasm, by an operation on the orbicular muscle; that the case had been in the hands of general practitioners who had disregarded the local lesions, while they plied the patient ad nauseam with constitutional remedies.

There is a happy medium for the management of these cases, and the successful practitioner will, of course, select it. Many cases may be prevented from progressing to that extreme degree, and this paper is written for the purpose of extolling the virtue of castor oil, when properly used, as a means to that end. It possesses a property of adhering and diffusing over inflamed mucous surfaces that is not possessed by other oils. It is an effectual and competent lubricant for mucous membranes. When the conjunctiva is smeared with it, it adheres and penetrates the folds and envelops the asperities of that tissue, forming an elastic layer of protective, which prevents friction and consequent erosion of the cornea by the lids.

It is my custom to use it freely in all cases, particularly in infants and young children, where there is danger of the cornea becoming softened by the heat and pressure incident to inflammation. Its action in the conjunctival folds and on the surface of the cornea is perfectly consistent with the principles of treatment mentioned previously, and in my experience does not interfere with any other treatment that may be demanded by these cases. With young children whose conjunctiva is inflamed, the cleansing of the diseased surfaces is no easy matter. The oleum ricini facilitates greatly the toilet of the cornea.

CONTRIBUTION.

REPORT OF A CASE OF SUCCESSFUL AMPUTATION OF THE HIP-JOINT; BEING THE THIRD AMPUTATION AT THE HIP-JOINT WITHIN A YEAR.

BY WILLIAM A. BYRD, M. D., QUINCY, ILL.

As chairman of the committee to report upon the progress of surgery to the Illinois State Medical Society I reported two cases that I had treated by making amputation at the hip-joint, one patient operated upon Sept., 29, 1884, near Hannibal, Missouri, and the other in this city April 4, 1885. In the first case I was assisted by Drs. W. A. Gordon and C. H. Yancey, of Hannibal, and Drs. C. W. Rook and A. H. Brumback of this city and Mr. Grant Irwin, a medical student. In the second I was assisted by Drs. C. W. Rook, M. Rooney, E. B. Montgomery, and Mr. Grant Irwin. The first amputation was for osteo-sarcoma of the thigh. The patient rapidly recovered sufficiently to get around a little on his crutches, but the disease made its appearance in the cervical vertebræ and some of the ribs, and he died the latter part

of December, 1884. The other case was one where the patient fell from the top of a moving freight car to the bottom of a deep ravine over which the train was passing. The distance was fully thirty feet. He had a compound fracture of the left femur with great bruising of the soft tissues of the right leg. The shock was so great that he was not in condition for an operation from April 4, 1885, until the 8th, by which time acute osteomyelitis had set up in the broken femur. He did nicely for two days after the amputation, when phlegmonous inflammation set in in the right limb, and on the 12th he died. The report of these cases is published in the Peoria Medical Monthly for June, 1885, and the Medical News for May 30, 1885. September 1st, 1885, William Campbell, a sprightly Irish boy of 15 years was brought from Pike county, Illinois, to consult me at St. Mary's Hospital in this city. There was a swelling commencing about two inches below the head of the tibia and extending down the bone for about three inches. It was about two inches in its transverse diameter and elevated nearly an inch above the normal level of the bone. To the touch it was semi-solid and not very painful upon pressure. There was no perceptible redness, and there never had been much pain, though at all times there was enough to be annoying. He had been under the observation of Dr. J. H. Ledlie, a very prominent and capable physician of Pittsfield, Illinois, who had proposed an exploratory incision, which proposition was not acceded to.

Sept. 2nd, with the aid of Dr. M. Rooney I made an incision into the swelling and found that it was an encephaloid mass, with bits of detached bone scattered throughout its substance. These pieces of bone were scaly and not larger than a little finger-nail. The softening and disintegration involved the greater part of the superior portion of the tibia. This growth had made its first appearance somewhat over three months before in the shape of a very small nodule upon the front of the tibia, and it had grown very rapidly since its first appearance. The rapid growth caused his guardian to seek aid as much as the slight pain did. There being no doubt of the malignancy of the disease, I determined, by the advice of Dr. Rooney, to amputate through the thigh as soon as his guardian should consent to the operation.

Sept. 12, with the assistance of Drs. J. H. Ledlie, of Pittsfield, M. Rooney, C. W. Rook, J. R. Bryant, of Quincy, and H. Swartz, of St. Louis, and students, I made the operation. Hemorrhage was controlled, as it also was in the other operations, by first applying Esmarch's bandage from the foot up to the body, and then passing, in the form of a figure of eight, a rubber tube, three-quarters of an inch in diameter, so as to encircle the thigh where it joins the body, and encircling the body just below the anterior superior spinous processes of the ilia. Just above Poupart's ligament, where the tubing crossed, a tightly rolled bandage, three inches and a half wide, and rolled to two and a half inches in thickness, was passed under the tubing; and, to make sure of its not slipping, it was stitched to the arms of the crossed tubing. This roller was pressed by the elastic tubing well down behind Poupart's ligament upon the external iliac artery, and controlled the circulation perfectly. The intention was to amputate above the knee, but when the incisions were made through the soft parts, the femur was found to present so doubtful an appearance that amputation at the hip-joint was decided upon as offering the best hope for the patient's ultimate recovery. If the tubing-tourniquet had been left as it was, when the disarticulation of the bone was made, it would have slipped up over the wounded stump and have permitted an uninterrupted flow of blood. To prevent such an occurrence a piece of bandage was tied to that part of it that encircled the hip, so that it could be pulled with it back behind or above the trochanter major; the other end of the bandage was then tied tightly to the tubing that crossed the back at its center. Another piece of bandage pulled up the part on the inner side of the thigh in the same manner, and was attached firmly to the tubing that crossed the belly at its middle. The limb was then detached, by making as nearly a circular flap as possible, the vessels twisted, the flap united by suture of cat-gut, drainage tubes inserted, the surface of the stump covered with well picked oakum, which was lightly and evenly bandaged and the patient put to bed. About four ounces of blood was lost. The patient did well from the beginning, and October 30th left for home, well.

This method of controlling hemorrhage in amputation of the hip-joint I believe to have originated with myself. Mr. Jordan Lloyd's method, of Manchester, England, is somewhat like it, but he intrusts the ends of the tube to the hands of two assistants. In his hands it has proved successful, as it also has in the hands of the excellent young surgeon of St. Paul, Dr. Wheaton. To this statement it may be objected that it is nothing but Esmarch's method. It is Esmarch's method added to and made perfectly safe. By refer-

ring to the fig. 9, p. 73, vol. 1 of the last edition of Erichsen's Surgery, one of Esmarch's methods will be seen. Any one can readily see that by that method not enough pressure can be exerted upon the iliac artery to control hemorrhage. Then refer to the fourth figure on page 78, vol. iii, International Encyclopedia of Surgery, which is attributed to Esmarch, and that objection is overcome by putting the roller bandage under the tourniquet as I do. But the roller is placed over a yielding surface, and is held by elastic pressure rendering it liable to slip. This can be surely remedied by stitching it firmly with a good stout piece of twine to the elastic tube. Still any one will see that the tube would slip off the stump the moment the limb is removed. To prevent such a catastrophe Mr. Lloyd employs the two assistants, but they occupy space, are in the way of the operator and are by no means to be compared to the certainty of holding that a stout piece of bandage, applied as I suggest and practise would. The method I suggest permits the operation to be done with fewer assistants, less loss of blood, in a shorter time, and consequeutly is much safer for the patient.

That the reader may judge of the time, I will state that I am not a very rapid operator; but that we entered the hospital at half past ten o'clock, and left at half past twelve, having made that hip-joint amputation, amputated the left thigh of Herman Time at the middle, and performed an internal urethrotomy for a tight stricture. All three patients were properly dressed and in bed and the instruments cleaned and packed when we left. All three made rapid recovery.

That I am not dwelling with too much stress upon the proper and safest method of controlling hemorrhage in hip-joint amputations, I will quote from an able article contributed to the first volume of the Reference Handbook of the Medical Sciences, p. 170, et seq., by Dr. Joseph Ransohoff, of Cincinnati: "The question of supreme moment in amputation at the hip-joint, is that which pertains to a complete, and yet safe method of controlling the circulation during the operation. Its importance becomes manifest from the fact that five per cent of the deaths occur during the first five days (Lüning). To overcome this great and immediate danger of amputation at the hip, progress has been made in the direction of preserving the blood contained in the condemned part, and by temporarily or permanently occluding its sources of blood-supply. By the use of the elastic bandage from the toes to the groin, and keeping it in place during the operation (Erskine Mason), or in cases of extensive suppuration of the extremity, by maintaining the latter in a vertical position for some minutes before the operation, a not inconsiderable amount of blood can be saved to the economy."

"Preliminary ligation of the femoral or external iliac artery is, as a rule, unnecessary, and has been generally abandoned since it has been ascertained that secondary hemorrhage is more apt to follow the ligation of an artery in its continuity than at its cut extremely in a wound. In exceptional cases, however, where skilful assistants are not at hand, or where a neoplasm extends quite up to the pelvis, preliminary ligation may still be resorted to with advantage. An interesting case of the latter nature has been recorded by Trendelenburg, in which the external iliac was ligated, the patient making a good recovery."

The latter part of the quotation I have introduced to show the estimation in which preliminary ligation is held. Now it is my firm conviction that if the external iliac was cut down upon, cut in two and properly twistedthere would be no secondary hemorrhage. I have not tied a large artery for five years, and do not know what secondary hemorrhage is in my own practice. Of course I do not presume to offer my limited experience alone as authority for the torsion of arteries, though I have twisted the femoral, brachial, popliteal and other large arteries a good many times during those years, but I will refer to the practice in Guy's Hospital in London for nearly twenty years. There the twisting has entirely superseded the ligature. And such men as Thomas Bryant, Clement Lucas and Golding Bird will not rashly adopt and follow such a practice for so long a time. But I have written upon torsion and its benefits in another place and may again at another time.

—Dr. G. Krosz writes to the Deutsch med. Zeit. that the removal of a plaster-of-Paris dressing is greatly facilitated by first scraping a groove with a knife, and then dropping along it a solution of caustic soda. In a few minutes the plaster becomes pulpy along this line, and the bandage can then easily be cut through. If two lateral grooves be made, instead of one, a lid can be cut out of the bandage, the leg can be lifted up for the necessary inspection and returned, the lid being reapplied and retained, with a roller bandage. By this method, also, it is a very easy matter to cut any fenestra that may be needed.—Arch. of Pediatrics.

SELECTION.

LETTSOMIAN LECTURES ON SOME MOOT POINTS IN THE NATURAL HISTORY OF SYPHILIS.

Delivered before the Medical Society of London, 1886.

By Jonathan Hutchinson, F. R. S.,
Emeritus Professor of Surgery to the London Hospital College.

(British Medical Journal.)

Lecture I.—The Mutual Relationship of the Different Forms of Primary Venereal Sore.—The Causes of Phagedena in Primary Sores.—Hospital-Gangrene.—On Recurring Chancres.—On Different Forms of Bubo, and on Questions in Reference to Primary Syphilis.—Syphilis after Vaccination with Clear Lymph.

Mutual Relations of the Different Forms of Primary Venereal Sores.—I have long thought that, if the question in debate could be once clearly stated, the duality or unicity of venereal poisons would soon cease to be a moot point. We are pretty much agreed as to the facts, and the controversy is mainly as to what they imply. A dualist is, I suppose, one who holds that there exist two quite distinct and independent contagia, one of which produces a non-infecting sore, and the other syphilis. An unicist holds, somewhat differently, that the poison of the soft sore is a product of syphilis, and by no means independent. The difference after all is not great, nor clinically is it of much importance. No one thinks that there are two forms of syphilis, and no one doubts that there two kinds of sores. Are they related and independent? That is all that we dispute about.

The fact which chiefly favors the creed of those who think that they are independent is, that the secretion of the chancroid is very contagious, and always produces a sore like itself. Bassereau, in the first instance, proved this by confronting his patients who had got chancroids with the persons who had infected them, and he found that the giver usually possessed a sore just like that which had been given. Since Bassereau's time, numberless experiments, especially those done in the course of what was called syphilisation, have abundantly proved his point. What was named syphilisation consisted in inoculating the secretion of a chancroid on the skin; the result was that a chancroid formed. It must be remembered, however, that it was done almost exclusively on those who had had syphilis.

Here was clearly a fallacy, for the patient might, in consequence of his prior syphilis, be insusceptible of fresh contagion. Danielsen, however, in Bergen, tried the practice on a number of lepers who had never had syphilis, and with similar results. He found that he could reproduce a soft sore over and over again, and that it was never followed by syphilis. In further proof that no syphilis was conveyed, it may be stated that one patient, who had undergone many inoculations without ill result, finally by accident received virus from a true chancre, and had, as a consequence, an attack of true syphilis. It might seem that the proof of specific distinctness was here given. It is necessary, however, at this stage to insist that there is an important difference between a specific contagium and a specialized contagium. By specific we denote that which is always, and under all conditions, the same, and producible only by its own seed, distinct in the same sense that wheat and clover are distinct. There may easily be many morbid poisons which are specialised, that is, which may, during a certain number of generations, produce conditions similar to those in which they had their origin, and yet which do not rise to the dignity of species.

All inflammatory products are probably, under favorable conditions, contagious. The gonorrheal secretion produces gonorrhea, that of erysipelas erysipelas, that of diphtheria diphtheria, and so on. It is probable, however, that each of the diseases may originate spontaneously, and quite independently of contagion. The contagia are, therefore, the products of inflammation. Further, it is highly probable that, in each of the diseases mentioned, the contagium may vary much in virulence, and that it is by no means always the same. Probably it is quite possible to breed them up to higher degrees of power and of special peculiarities. It is possible then that the poison which produces the chancroid is, after all, only a specialised product of inflammation, and not a specific virus.

Many facts seem to support the conclusion just hinted at, and to imply that soft sores are, after all, an appanage of syphilis. When care is taken in inoculation, unquestionably they seem to breed true; but this is not the case in those which we see in practice as the result of accidental contagion. If we place in one group as "soft" all the venereal sores which do not harden, and which do not infect

the system, we shall find that but a very small proportion of them present what are considered the typical characters of the chancroid. We encounter a great variety of conditions and great differences in course, and are obliged to conclude that they agree in one feature only—the absence of hardness. The rounded form, punched out and ragged edges and grey base, are conditions not present in my experience in one of five of the venereal sores which do not harden.

It would be waste of time to attempt to describe the multiform character of non-indurated sores. Many of them are small, almost level with the surface, and have shelving edges. How rarely do we witness the inflammatory bubo tending to abscess which is said to accompany them. How short, as a rule, is their duration. Whilst the typical chancroid goes through stages, and usually lasts six weeks, a few dressings with iodoform suffice to cure in a week almost all the "soft sores" that we meet with in practice. Now and then, I admit, we encounter the true chancroid, as graphically depicted by Mr. Lee, but it is very exceptional. This want of uniformity in conditions is a strong argument against specificity. Another equally strong argument is that the true chancroid on the genitals is seldom seen, excepting in those who have had syphilis already. If a person who has never suffered before contracts a venereal sore of any kind it is highly probable that it will lead to syphilis. This fact, which I think many observers will confirm, is placed in a strong light by Mr. Morgan, of the Dublin Lock Hospital, who states that, of fifty-four patients who came under care for first attacks of venereal sores, fifty proved to have true syphilis. Thus it would seem that insusceptibility is an usual cause of non-occurrence of induration. In using this argument, I by no means wish to deny that the typical chancroid is sometimes seen in those who have never had syphilis.

Very important evidence as to the origin of the chancroid, and of all non-indurated venereal sores, from syphilitic secretions, is afforded by at least two experimenters. Mr. Morgan, of Dublin, whose paper I have just quoted, inoculated with purulent vaginal fluid from those who had had syphilis, and found he could with it produce the typical chancroid. From the sores thus produced, he could inoculate repeatedly and with sameness of results. With praiseworthy caution, he never inoculated excepting in those who had previously had syphilis; and thus, whilst his facts are conclusive as to the production of soft sores, they do not prove that syphilis might not very possibly have been produced at the same time had the soil been suitable. Mr. Lee had previously recorded the possibility of producing from indurated sores, by artificial irritation, a secretion which is purulent, and which is inoculable on the patient, producing a sore not distinguishable from chancroid. Mr. Gascoyen, Bidenkap, and others had, I believe, done the same. It is surely very difficult to get over these facts; whilst, to push the argument further, so far as I can see, all a priori probability favors the suggestion that non-indurated sores are produced by the secretion of true chancres, which have been changed in character either by the inflammatory process, or by the non-susceptibility of the tissues of the recipient.

Phagedena.—A parallel of much importance might, perhaps, be drawn between the chancroid process and phagedena. All will admit that syphilitic inflammations have a remarkable tendency to become phagedenic. This may occur in all stages of syphilis, and to all kinds of sores. It is not necessary that there should be any contagion of material from phagedenic sores; it is sufficient that there is syphilis, for syphilis in its purest form often leads to phagedena. Phagedena, as we see it in connection with syphilis, is almost invariably of spontaneous origin, or, in other words, caused by syphilitic inflammation, and not by phagedenic contagion. Its existence puts an end to all possible sexual exposure, otherwise we should probably often see it on the genitals as the result of contagion. There is every reason to believe that its products are contagious, and that they would probably produce phagedena, and not syphilis. The specific virus of the latter is probably destroyed in the gangrenous process. When phagedena spreads as such by contagion, we encounter it, as I shall have to assert directly, under other aspects, and not as a venereal disease. Now, the chancroid type of inflammation is possibly only a sort of minimised phagedena, and differs from it only in degree. Its virus is probably produced under similar conditions, and it is curable under the same methods of treatment. The fact that a chancroid in a woman does not absolutely disqualify for sexual congress, makes it possible for it to be transferred as such by direct contagion. This fact it was which misled Bassereau and his followers into the belief that the virus of these sores possessed specific individuality. Probably it is not so; and it is still likely that many chancroids originate spontaneously in the same sense that phagedena does; that is, they result not from contagion from a sore of the same kind, but from

a modification of a syphilitic inflammation by peculiarities of the individual. Be this as it may, it is to be freely admitted that chancroids are very contagious, and that they reproduce themselves with closely similar features. Their virus, if not specific, is at any rate well specialized.

Hospital-Phagedena.—Closely connected with this topic, and of great clinical interest, we have the question of the origin of hospital-phagedena from syphilis. It is not uncommon to see the disappearance of hospital-gangrene claimed as one of the triumphs of antiseptic practice. I hold this to be a mistake, and I have the less reluctance in saying so, because I feel sure that no one estimates the legitimate victories of antisepticism more highly than myself. Its great teacher and his school need no borrowed plumes. The truth respecting hospital phagedena is, that it did not exist in one in ten of our hospitals at the time when antiseptics came into vogue. It is not a disease which is always with us, but rather one which comes occasionally, prevails extensively and then disappears. It is not due to neglect of cleanliness, nor to atmospheric infection; it does not occur from overcrowding; but it is caused by a special form of contagious pus. All the facts as to its history support this creed. During our last epidemic of it at the London Hospital, one large ward alone of the whole surgical department remained exempt. It was not less crowded than the others, and it received precisely the same class of cases; but it, unlike the others, never took patients from the infected wards. Hence its escape from contagion. That epidemic ended in 1864, and from that time onward there have been no cases whatever in the hospital. The origin of that epidemic was, I had good reason for believing, the admission of a case of syphilitic phagedena into a surgical ward. The first case occurred in the next bed to this patient. Mr. Pollock told me that he had arrived at the same conclusion as to an epidemic of the disease in St. George's Hospital. I have mentioned these facts before on more than one occasion; but the following is a new one, and it gives them strong support. A few years ago a boy was brought into the London Hospital in consequence of his having been attacked by phagedena in a workhouse infirmary. He was suffering from acute periostitis of the tibia. A free incision had been made, and this wound it was which had become gangrenous. Its edges were swollen, ragged and discolored, its surface covered with pultaceous secretion. It presented, in fact, a good example of what I had often seen during the epidemic referred to, and never since. I had commented at the bedside of the boy on the case, and I had mentioned my belief that hospital-gangrene usually began from syphilitic cases. We could find no suspicion of syphilis in the boy. A house-surgeon present afterwards gave me what was probably the correct information. There had been admitted under one of my colleagues a very bad case of syphilitic phagedena from the same workhouse, only a little before the lad. On inquiry, I found that in the workhouse the man's prepuce had been slit up with the same instruments which, some time later, had been used for the boy's leg; it was possible even that the same sponges had been used. Here, then, to say the least, was a possible source of contagion. The suggestion that hospital-phagedena takes its origin from syphilitic phagedena would fit well with the fact that it often prevails in military hospitals, especially when crowded, in time of war. These are just the places where we may expect to encounter occasionally neglected and unhealthy venereal sores.

If we admit that what I have stated is very probable, it becomes of interest to glance at the facts of the malady in question. Hospital phagedena is very contagious, and it spreads by contagion only. The previous health of the patient matters nothing; nor the salubrity or otherwise of the ward. Excepting in varying degrees of severity, all its cases are alike; they tend to the same results, and are to be cured by the same means. It is a well specialised disease. It never leads to constitutional syphilis. Accepting the hypothesis of its syphilitic origin, we have then a parallel fact to what is observed in the case of the chancroid. A specialised contagium (pus) has been bred up which can produce its like wherever inoculated, but which does not contain the virus of syphilis. Both the chancroid and the phagedena are the products of a poison originating in a syphilitic inflammation, but which in neither case can induce syphilis. It is easy enough to see that, if once the particulate virus of syphilis have died out of a secretion, the latter may then be propagated over and over again without the slightest possibility of reproducing the defunct specific elements. It is not therefore to be wondered at, that neither the chancroid nor hospital-phagedena, although appanages of syphilis, ever, when once negatively specialised, by any chance produces that disease.

It is a question about which there is still some debate, whether the infecting or the non-infecting sore is the more liable to phagedena. My own experience would lead me to

a very definite opinion, that almost all sores that are attacked by this process are true chancres, and that it occurs at a stage too late to prevent absorption. It is, in fact, a concomitant of a true syphilitic inflammation, and does not usually happen until induration has taken place. It denotes unusual susceptibility to the influence of the virus, and it is often followed by very severe secondary symptoms. I will by no means deny that the retention of irritating secretions, as in phimosis with concealed sores, may give rise to gangrene of the foreskin in cases where no syphilis exists. If, however, a typical phagedenic process be set up, and spread, I believe that it will almost invariably be in association with true syphilis. I have suggested that the chancroid process is allied to that of phagedena; but it appears to be well specialised, and quite capable, under most circumstances, of maintaining its individuality. When once its peculiarities have been declared, the sore seldom deviates much from its type. If it do become aggravated, and spread at its edges, such spreading is only of the very mildest form of what we mean by phagedena.

A knowledge of the fact that phagedena usually goes with true syphilis is of much importance for purposes of retrospective diagnosis to those engaged in medical practice. Not unfrequently, with symptoms of visceral or nerve-disease, an examination of the genitals is made in order to seek for scars. Whilst some have assumed that scars on the penis, or its extensive malformation by bygone phagedena, imply the probability of syphilis, others have asserted that they rather favor the belief that the disease was not true syphilis. My vote would go with those who regard them as important, though not conclusive evidence of constitutional disease. I have very seldom seen scars on the penis in patients who had not had syphilis, and still more seldom the evidences of phagedenic action.

I am compelled also, as the result of personal observation, to deviate yet further from the popular creed, and to say that I should regard scars in the groin as also presumptive evidence of syphllis. Our rules of diagnosis have been, I cannot but think, far too definitely laid down on these matters. In private practice it is very rarely indeed that we have to deal with inflamed buboes. It so happens that, of late years, almost all cases of suppurated bubo which I have seen were cases of syphilis. It is not, I believe, on the other hand, very exceptional for the typical chancroid to cause no enlargement of the glands at all. I really fear that I may be suspected of differing for the sake of it, but I am compelled to record the result of unprejudiced observation. That an uninflamed indurated sore will be attended by uninflamed indurated glands I fully admit; but the fact remains that a great many infecting sores do inflame and suppurate, and when that is the case the glands will follow suit. Nor is this inflammation always the result of a mixed contagion; it often, I feel sure, results from personal proclivity in connection with a fairly pure syphilitic virus.

A series of cases of syphilis from circumcision, which I have recently, in association with my friend, Mr. Charles Macnamara, had an opportunity of investigating, is of much interest in reference to the question just discussed. We were shown a group of six infants, all of whom had constitutional syphilis, having been infected by the same operator in the rite of circumcision. In all the operations, the wound had reopened, and assumed the condition of a chancre. Two out of the six had double suppurated buboes in the groin, and two others had large masses of agglutinated glands. The children had all been healthy before the operation, and I cannot but think that their age had probably much to do with the unusual tendency to supparative inflammation displayed. So also in the case of adults, is it not probable that age and personal peculiarities often exercise great influence on the tendency to inflammatory action? In the children just referred to, it is to be admitted that the sores had much inflamed also, and thus it may be fairly suggested that the contagion was probably mixed. I am not, at the present moment, inclined to dispute that point, my reason for adducing the cases being simply the practical one of showing that suppurated bubo and constitutional syphilis often go together, and that, as a consequence, we are on unsafe ground in believing that scars in the groin imply absence of constitutional infection.

The recognition of non-infecting venereal sores on other parts than the genitals, whether on the hands or elsewhere, is a matter of great difficulty. It is, indeed, so difficult, that the recognition is seldom or never attempted. There are, in fact, no characters by which, apart from the history, such a diagnosis can be made even probable. We know that unhealthy ulcers may result from a variety of causes, and that they may easily cause gland-enlargements. It is not likely that our non-professional patients will ever volunteer, respecting any sore, on the hand or elsewhere, that it may possibly have been caused by venereal contamination. In the

case of the hands of midwives and medical men, however, the case is different. In them, there is nothing disgraceful in the admission of exposure; and we ought, perhaps, looking at the facts as generally believed, to expect to see non-infecting sores as frequently as infecting ones. I suspect, however, that they are very rare. I have myself very seldom indeed seen sores on the fingers of surgeons which could be reasonably supposed to be due to vaginal infection, which did not prove to be true chancres. I do not recollect a single instance in which a sore on the hand, which was not a true chancre, produced a bubo in the armpit. Although I have treated possibly a hundred cases of chancre on the finger, I never yet was concerned with a suppurated bubo in the armpit in association with a venereal sore on the hand. This is a very remarkable fact, and may be held to indicate either that the so-called "soft sore" is rare on the fingers, or that it but rarely causes bubo. Probably both explanations are in turn true.

The following narrative bears in an important manner upon the above general statements. A surgeon in good health pricked his fingers severely in several places during an operation for removal of the cervix uteri. He knew at the time that he was pricking himself on the teeth of the vulsellum, but his patient was bleeding profusely, and he was obliged to persevere. One finger inflamed under the nail within a day or two, and, during the next week, five or six sores had formed on different parts of several fingers of his right hand. Various remedies, black wash, iodoform, etc., were used, but the sores became larger, and, at the date of a month after the accident, he came to me. The conditions were then very suspicious indeed. Although there was no definite induration, most of the sores had elevated swollen edges, and looked, so far as my experience went, just as if about to indurate. They were inflamed, rather deep, and very painful. One of them, under the nail at a finger-end, did not present an actual ulcer, and, in this respect, differed from four others, all of which were exactly alike. They were big enough to have allowed the pulp of the little finger to be put into them. Their edges were not in the least ragged; all were suppurating, but not freely. There was no bubo. I advised the free use of iodoform to some, and of black wash to others. We agreed to abstain from mercury, and wait events. The sores dressed with iodoform became healthy much more quickly than the others, and we soon laid aside the black wash, and used the former to them all. Dr. P. took his temperatures regularly, and carefully watched for eruption. No eruption ever appeared, and, one month later, all the sores were healed, and there was not the slightest hardness or duskiness of the scars. I then ventured to express, for the first time, a confident opinion that there was no syphilis in the case.

Looking at all the facts of this case, it seems very probable that the sores resulted from a quasi-specific venereal poisoning, and were non-infective chancres. The patient from whom the poisoning occurred was a young unmarried woman, who had borne a child, and who suffered from papillary growths in the canal of the cervix, attended by much discharge. She died after the operation, and no investigation could be made as to whether she had ever had syphilis. The sameness in the conditions of the various sores, their steady persistence for a certain time, and their final satisfactory disappearance under the persevering use of iodoform, are facts which all fit with the idea that they were non-indurated venereal sores (that is, chancroids). The absence of gland-enlargement goes, I think, for very little; since, as I have stated elsewhere, it would seem that such sores are but rarely attended by buboes of any kind.

(TO BE CONTINUED.)

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

Stated meeting held Saturday, January 30, 1886, the President, Dr. E. H. Gregory, in the chair.

TETANUS.

DR. SHAW saw a case of lockjaw recently, apparently due to the extraction of the right first and second molar teeth. On the 13th inst., the patient, a negro, called on a dentist, had the teeth drawn and continued to have pain the night following. The next day he had what he thought was a neuralgic pain of the right temple. On the following evening there was much pain in the right side of the head and at the point of the jaw where the teeth were drawn. The doctor saw him on the second day. There was swelling at the angle of the jaw, heat, tenderness and much pain. No spasm of the masseter, but some difficulty in opening the mouth; it was presumed that an abscess was forming. Attention was not attracted until the fifth day after removal of the teeth when the supposed abscess burst, and the man spat a tablespoonful of pus. This gave no relief to the rigidity of the jaw.

The teeth were closely approximated. Pain now existed on both sides and both masseters were rigid. The mind was clear. There was also considerable sleep during the first week, and a slight rise in temperature; pulse 100 to 110, hard and wiry. Great difficulty in swallowing at times. He died on the morning of the 27th. He had no tetanic contractions of any other muscles of the body except those connected with the jaw. There was perfect control over the bowels and bladder. Sudden noise had no effect, nor was there any delirium present. There was no history of any traumatism for a month past, not even an abrasion. Whether this case was traumatic or idiopathic, due to a cold or both, he could not determine. During the last four days the man complained of considerable pain in the hypogastric region, due, perhaps, to spasm of the diaphragm. He died very quietly. His health had always been good previous to this attack, and he did not drink.

Dr. Gregory asked what the treatment was.

Dr. Shaw answered opium and whisky together with bromide of potassium. In the absence of involvement of the general system he did not consider it wise to resort to calabar bean. He thought the man would ultimately get well, if he could get nourishment in him. The case was of quite an acute character.

Dr. Green asked if there was any odor from the jaw?

Dr. Shaw replied that it was quite frightful.

Dr. Meisenbach had seen a brewer, of 24, full-blooded, in spasms, with a temperature of 103° or 104°. Now and then he had a convulsive spasm and the chink of the glottis would be almost closed by thick sputum. He had had no wound or abrasion previously. He had been working in the ice-cellar of a brewery. Twelve or more cups were ordered to the spine, the bowels well opened and bromide of potassium and chloral. He was much better in the evening, the temperature being less and no spasms. Early the next morning he sat up in bed, called for breakfast, and whilst drinking coffee an attack came on, and he died of suffocation most probably. The speaker thought that it might be a question as to the advisability of opening the trachea in a similar case, to afford air. Some doubt such a thing as idiopathic tetanus. In this case there was no wound whatever. The man, however, might have scratched himself and not known it. The speaker saw a case at the City Hospital where a scratch on the knee provoked tetanus, which ran six weeks. Dr. Hodgen suggested arsenic and the man recovered.

Dr. Green said that the reason he asked the question he did, was because he had a case of a young man who had a tooth extracted, and gangrene set in. It was a very troublesome affair, but got well. He thought there was a septic condition in Dr. Shaw's case, and it acted as a cause in producing the spasms by reflex irritation.

Dr. Shaw saw two unique cases in the City Hospital. One was apparently due to a strained back, and the other to malaria. Both got well. He certainly believed Dr. Meisenbach's case could be classed as one of idiopathic tetanus. He certainly believed that idiopathic tetanus exists and is due most frequently to cold and damp.

Dr. Atwood had seen a man who had run a steel pen under his thumb nail have violent tetanus in a week. Dr. J. N. McDowell treated him with brandy and laudanum and he recovered. In another case due to contusion of the second toe, the patient died; in another one death resulted from tetanus, caused by running a tack in the knee. He could not conceive Dr. Shaw's case to be tetanus. The fact that only the muscles of the jaw were involved, pointed to inflammation which extended to the pneumogastric nerve, and the resulting death from asthenia.

Dr. Borck saw a case in a man caused by a needle striking the supraorbital nerve. In ten minutes he had tetanus and died. In another case a man drove a pitchfork in his foot. Tetanus developed but he recovered under chloroform and nourishment. His son had tetanus, as also a third member of the same family. This last was caused by running a pitchfork in the foot and he died. Generally tetanus is caused by wounds which are not large.

Dr. Lutz stated that whilst but little of the pathology of tetanus is known, it implies degenerative and proliferative changes in the spinal cord. On this account he could not conceive how a case could occur and terminate so rapidly as Dr. Borck's. At the last meeting of the Mississippi Valley Medical Association, Dr. Byrd narrated a case which came on in a very short time and recovered. He would rather attribute death to shock in Dr. Borck's case. He never saw a trivial injury result in tetanus, but he had seen it follow severe injuries. In one case, a man of 59, and a hard drinker, who had had delirium tremens several times, a depressed fracture of the skull was noted at some previous time. This time he was struck on the head with a wagon stake, and it was regarded merely as a

scalp wound by the attending physician. It united all but a sinus in which dead bone could be felt. On the tenth day he was seen, and had difficulty in opening his jaws which had existed two days. It was a well-marked case of tetanus. Removing the dead bone was suggested and refused. Two days later the doctor trephined and found several spiculæ pressing on the dura mater; almost no pus. The wound was treated as an open one with iodoform, and the tetanic symptoms disappeared as the wound healed until he recovered. In another case a boy of nine had a fracture of the thigh and knee-joint involved. Amputation was performed at the junction of the upper and middle third. The wound granulated nicely until one morning when the granulations looked dirty. In the evening tetanus came on and it was well-marked. Large doses of chloral, arsenic and quinine were given but he died in a week. He had an idea that in cases of tetanus, the longer they lived after the attack the greater are the chances of recovery. He had a marked exception in one case, however. In a case, following an injury on the head, the patient lived about forty days and finally died. Ordinarily they die early in the disease. In cases of traumatic tetanus, nerve sedatives and arsenic should be given, the later influencing the nutrition of the nerve tissues. He regarded idiopathic tetanus merely a term to use when we cannot determine the cause.

Dr. Dibble regarded tetanus as due, in the majority of cases, to slight wounds, in the hands chiefly. He related a case resulting from a chip of steel striking the back of the hand, lockjaw occurring on the third day and death on the seventh. In another a rail torpedo produced a slight wound in the hand and death supervened on the thirteenth. In another a woman had a splinter run through the hand. Tetanus came on the fourth day and death on the thirteenth. He saw a number of cases in Bellevue Hospital, generally due to slight wounds in the hands or feet. He never saw a case where the injury was severe enough to necessitate the amputation of the limb. He had serious doubts as to the existence of chronic tetanus; it was very often trismus.

Dr. Dean saw three or four cases in the City Hospital where no traumatic cause could be found. He could not say that arsenic was particularly beneficial in this disease. It is quite true that where they live long, they get well. Chloroform he found worse than a failure. He knew of no remedy we could positively rely upon. He could not recollect a case of lockjaw following an amputation.

Dr. Mooney had a case, a negro girl of fourteen, who ran a splinter in her foot. Ten days later he cut down upon it and removed it. She had spasms at the time. She died in about eight days.

Dr. Lutz saw a man whose arm had been caught between cogs and terribly mangled up to the elbow. The arm was amputated above the elbow. On the fifteenth day he had lockjaw; the granulations looked unclean. In eight or ten days after he died. Whilst he would not dispute that tetanus follows many trivial wounds, he thought when a limb is mangled or torn that there are sufficient peripheral lesions to produce profound injury to the central nervous system.

Dr. Dibble thought the changes in the cord were degenerative, and required some time, and that is why he said that an injury so great as to require amputation generally produced no tetanus.

Dr. Gregory had seen a number of cases, and he thought the larger proportion resulted from trivial wounds. He had seen a boy with three or four fractures going on promisingly for a couple of weeks and then tetanic symptoms appeared. In another tetanus appeared ten days after a trivial wound in the cheek, which had healed, and death followed in twenty-four hours. He had seen tetanus in connection with large and with trivial wounds. The pathology as known is not satisfactory. In regard to idiopathic tetanus no one knows any more of that than of idiopathic erysipelas; he doubted if there was such a thing. The fact that slight injuries could produce such grave results showed that a susceptibility must exist. In regard to the treatment he had no confidence in the so-called specific treatment.

Dr. Alleyne would suppose, from the remarks made, that there is a predisposition in certain individuals to reflex neuroses, and he might go further and say that tetanus might respond to no causes at all; that it is possible to have idiopathic tetanus. There may be such a change take place in the nervous system as to produce this reflex action. In infants the majority of reflex nervous phenomena are due to a change of their hygienic surroundings for the worse.

CORRESPONDENCE.

NEW YORK LETTER.

New York, Feb. 1, 1886.

Editor Review: "Unto him that hath shall be given." The recollection of Mr. Vanderbilt's great gift of half a million dollars to the New

York College of Physicians nnd Surgeons, is still fresh in the minds of the readers of the REVIEW. Following closely thereon comes a further gift to the same institution of funds wherewith to erect on their new property a maternity hospital, wherein practical instruction can be given in obstetrics. The donors are Mr. and Mrs. W. D. Sloane, children of the late Mr. Vanderbilt, and the new institution will be known as the "Sloane Maternity." It will contain twenty-five free beds, and its erection wili be at once commenced, so that it will probably be ready for use before the new college building. After it shall have been completed and turned over to the college trustees, Mr. and Mrs. Sloane have agreed to establish a permanent endowment fund sufficient to provide for its maintenance. No more timely gift could have been made to medical science in this city. Teaching in obstetrics has been heretofore entirely theoretical, and not one graduate in ten has, before receiving his diploma, ever seen, much less managed, a case of midwifery. The family of Mr. Vanderbilt are manifesting a deep interest in the welfare of the college, and it would not be surprising if yet a greater bounty was to come from them.

A new club for the discussion of professional topics and for purposes of social intercourse has been organized among some of our younger medical men. The membership is limited to twenty and the organization is known as the "Hospital Graduate's Club."

The operation of ligation of the femoral artery for popliteal aneurism was recently performed under the use of cocaine, at St. Francis' Hospital by Dr. Joseph W. Howe.

The report of the "First Aid to the Injured Society," for the season 1884-85, has just been made public. Considerably over 500 pupils have been in attendance on the various classes before whom some fifty different lecturers have given instruction. The pupils have included policemen, railroad employees, workingmen and as well many in high social standing. All who so desired (219) were examined as to their proficiency. Of this number 180 passed and received the certificate of the society. The annual expenses of the society are about one thousand dollars. Its pay classes yield about half this sum and the remainder is made up by private subscriptions. Dr. Henry B. Sands is medical director and Dr. Bowditch Morton medical examiner.

At last we have had a good square discussion on rabies. The subject was taken up at a recent meeting of the Clinical Society of the Post-Graduate Medical School. Dr. Hammond, in opening the discussion, said that medicine acknowledged that such a disease existed; that it had a definite clinical history and was, when once fairly developed, incurable. In his opinion, if a person passed a year after being bitten, without any outbreak of symptoms, that person was safe. He did not regard the severe nervous conditions induced by anxiety after being bitten as in any sense hydrophobic, though their severity might cause a fatal result. As regards the Pasteur system of inoculation, he held that it amounted to nothing if, as is maintained by all authorities, the disease can be transmitted only by the saliva. Efforts to inoculate through the blood invariably failed. He had made one autopsy on a patient who died from hydrophobia. In this case he found severe inflammation of the brain and spinal cord. He believed the disease to arise not from a blood lesion, but from a compound affection of the nerves involving the brain and cord.

Dr. C. L. Dana regarded hydrophobia as a blood disease.

Dr. A. H. Smith had seen several cases in hospital practice. He agreed with Dr. Hammond that many so-called cases are purely imaginary. The nervous shock might prove fatal, however, for he had seen patients under such excitement after being bitten that it was impossible to reason them out of the belief that they were going to die.

Dr. Satterthwaite was incredulous as to true rabies. He believed a true case to be one of the rarest possible occurrences.

At the last meeting of the County Medical Society Dr. Robert Abbe read a paper on "The Advanced Method of the Radical Cure of Hernia." He discussed the "open" operation and gave the notes of twenty-one cases which had been under his own observation. Of these sixteen were operated on while not strangulated and five while severely so. He asked first, is the "open" method a safe one?" second, does it effect a radical cure? Liverpool surgeons had aggregated 125 cases—four-fifths of which were successful—and in none of which did a fatal result ensue. No one else had attained such results. The average mortality was one in eight.

Dr. Gerster regarded the operation as a safe one, but regarded the appellation, "radical cure," as a misnomer.

Dr. R. F. Weir regarded the "open" operation as a good one for large irreducible hernias; also for large reducible hernias of such long standing that the rings are practically one and where Heaton's operation was not applicable.

Dr. Prince A. Morrow read a paper entitled "The Diagnosis of Small-pox." He spoke of other eruptions simulating variola and and gave the differential diagnosis. Several cases were mentioned of persons having been transferred to the isolation hospitals on a mistaken diagnosis.

Formal action was taken by the society in favor of recommending the passage of a new state law entitled "An Act for the Better Preservation of the Health of Children in Asylums." It has particular reference to contagious ophthalmia.

J. E. N.

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BOSTON MEDICAL LIBRARY ASSOCIATION

TO OUR READERS.

We take pleasure in announcing a change in the literary control and management of the REVIEW beginning with our next issue.

A Medical Press Association has been formed which will include in its labors the editorial oversight of this journal. The men selected to take charge of the work are a guarantee that it will be well done, most of them being known as authorities in either general or special practice.

One of the new features of the REVIEW will be that each issue will contain two or more reports upon the various departments of medicine, and there will be also, through the Association, increased facilities for securing medical news.

The departments will be conducted by members selected from the Association as follows:

Adolf Alt, M. D., Ophthalmology; W. L. Barrett. M. D., Obstetrics and Gynecology; H. Hodgen, M. D., Orthopedic Surgery; C. H. Hughes, M. D., Mental and Nervous Diseases; R. M. King, M. D-, General Medicine; I. N. Love, M. D., Diseases of Children; W. S. Moore, M. D., Dermatology and Syphilis; H. H. Mudd, M. D., General Surgery; Wm. Porter, M. D., Diseases of Throat and Chest; W. J. Primm, M.D., Anatomy and Phyisology; Geo. Walker, Esq., Medical Jurisprudence.

The entire management will be directly in the hands of the executive committee. Dr. Robert Luedeking is continued as chief editor, for which place he has shown himself well qualified.

The present obstetrical division of the REVIEW will be superseded by the regular report of the department of obstetrics and gynecology.

We would call attention to the prospectus in the next issue, and congratulate all to whom the REVIEW comes that it is to be even more than ever a first-class medical weekly.

TREATMENT OF DIPHTHERIA BY THE GALVANO-CAUTERY.

Almost simultaneously Dr. V. Tedeschi, of Triest, and Dr. Bloebaum, of Coblenz, published reports of the successful treatment of diphtheria by means of the local use of the galvano-cautery; the former wrote a preliminary report in the Rivista venet., November, 1885, the latter in the Deutsche Medicinal Zeitung, 1885, p. 973.

It appears that a similar mode of treatment was formerly tried. In L' Union Médicale of 1857 a statement is made by a French military surgeon that he successfully treated "Diphtheritis nosocomialis faucium" by means of the actual cautery.

Tedeschi reports that the galvano-cautery when applied to the diphtheritic patches is followed by slight pain only. The membrane curls up on being touched by the incandescent wire. The ulcerated patch occupied by the membrane does not again become involved, nor does the diphtheritic process advance along its margins, provided the whole membrane has been destroyed and removed. After cauterization the fever declines; the glandular swelling of the throat subsides

rapidly, edema disappears, the eschara falls off after 8–18 days after suppurative demarcation. After the cauterization, chipped ice should be given the patient; later on inhalation of steam and a lime water gargle proved of assistance.

Bloebaum has followed up his first communication, Nov. 2, 1885, by a complete report rendered Jan. 18, 1883, in the Deutsche Medicinal Zeitung. This mode of treatment was suggested to him by his experiences in the treatment of similar processes upon the cornea in his ophthalmological practice; subsequent experimentation upon animals confirmed him of the efficacy of the method. He arrived at the conclusion that the galvano-caustic wire-loop is not causative of inflammation, but acts as an antiseptic agent and as a powerful stimulant to regeneration after diphtheritic necrosis.

Two histories are given of cases of diphtheria in adults that were treated by the galvano-cautery. No other measures were enforced excepting the use of chipped ice after the cauterization.

The pain was inconsiderable; cocaine was not employed to anesthetize the locality. The cauterized spots are to be regarded as thoroughly sterilized; fever and swelling rapidly pass away; no violent reactive inflammation followed.

Bloebaum discusses the parasiticides and claims that fire is the only true one; and that by the galvano-cautery a complete immediate effect can be accomplished. The actual cautery, the ferrum candens, may fill the same demands; however, its application is impractical, the effect is not thorough and a concise localization of the effects is impossible; besides violent reactive inflammation often follows.

The great advantage over the antiseptic chemicals and drugs lies in the strict localization of the effects of the galvano-cautery. The antiseptics can be brought to bear upon the dangerous ground in feeble concentrations only and have the great disadvantage of irritating the neighboring mucous expanses. The action of the cautery is radical in this, that a specific, infectious ulcer is converted at once into a simple traumatic one. Bloebaum, as may be deduced from his arguments, adheres to the theory of a primary local affection in diphtheria and a subsequent poisoning of the organism by introduction of the septic microbes into the lymphatics.

Cure of Sarcoma by Erysipelas.

A most remakable case is reported by Dr. Biedert, physician to the Civic Hospital at Hagenau, Alsace, in the Deutsche Medicinal Zeitung of Jan. 14, 1886. From the carefully prepared notes, statements and examinations one is obliged to admit the case as an instance of complete cure of a most malignant sarcoma by an inter-current erysipelas.

About two years ago a peasant girl, then nine years of age, was presented to Dr. Biedert; the child had a sarcoma of the size of a hen's egg involving the left tonsil. An operation of the tumor was refused. After some lapse of time it was found that the tumor had sloughed and that only a small ulcerated portion remained at the site of the left tonsil. The case was lost sight of for a time and when next seen presented a most horrible aspect. The neoplasm had encroached upon the pharynx and naso-pharynx and involved the entire left side of the tongue, causing it to protrude from the lips as a foul ulcerating mass. The growth in the post-nasal spaces had become so abundant as to involve the nasal passages, the lachrymal bones, the right eye, etc. The child suffered terribly and tracheotomy was made to relieve respiratory obstruction. No hopes were at all entertained of supporting life even for a brief period. On account of this desperate state of affairs the child was placed, in order to have it more conveniently at hand, into a ward and bed that had been occupied by a case of erysipelas. Disinfection by steam had previously been practiced. This must have been inadequate, for on the third day after being so placed erysipelas developed upon the ulcerated surface of the tumor near the right orbit. The temperature rose to

40°C. No treatment was instituted. It was believed that death would be hurried by the infection and the horrible struggle ended. Such was not the case however; the erysipelas ran a course of about seven days and during this time the tumor masses fairly melted away. The pharynx became clear of the vegetations, the masses that protruded at the alae of the nose, at the lachrymal ducts and covered the right eye, had vanished. Cicatrization quickly followed. The tongue, that was over one half involved, showed a defect corresponding thereto which was partially occupied by a scar. The canula was removed from the trachea on the thirteenth day. Deglutition was easily accomplished, there was no obstruction to free respiration and the speech was as fair as could be expected with a scarred pharynx, a defective palate and one half of the tongue. Not a vestige of the tumor mass remained and its points of insertion were characteristic cicatrices. Microscopical examination had shown the tumor to be a small round celled sarcoma; the cell-nuclei gave evidence of rapid proliferation.

Biedert believes that the case is entirely cured, all the sarcomatous masses being destroyed. Should the tumor recur it would be from possible remnants left in some of the hidden recesses of the devious passages occupied by the growth. In such an event Biedert proposes to inoculate erysipelas, by pure cultures of the specific cocci or otherwise, upon the new formed masses. The above result certainly justifies the experiment of inoculation of erysipelas in cases of sarcoma that can not be radically removed by means of the knife.

In explanation of the marvellous result Biedert assumes that either the microorganism of erysipelas, or the peculiar blood alterations caused by it, directly destroys the sarcomatous tissue, or that a microbe, causative of and peculiar to sarcoma (as yet unknown), is destroyed by the coccus of erysipelas and thus the product becomes a prey to processes of involution.

Biedert inclines to the former view. His patient is well at the time of writing, two months after the detailed occurrences.

Cancer of the Stomach and its Relation to the Presence of Hydrodhloric Acid.

According to the Medicinisch-Chirurgische Rundschau, Dr. H. Kœster, of Upsala, has investigated the relation of the presence of hydrochloric acid to gastric affections by the most recent methods.

His conclusions are:

1. Dilatation of the stomach, not due to cancer, is marked by the constent presence of hydrochloric acid in the gastric secretion.

2. The acid is absent, as a rule, in dilatation due to cancer of the pylorus. In about twenty-five per cent the acid can be determined. The claim of its constant absence is therefore unfounded.

3. Therefore, if acid is found in a given case presenting suspicious features, cancer can not be excluded. Absence of the acid in such cases is a valuable diagnostic indication.

4. Absence of acid alone does not justify us in a diagnosis of cancer, but should make us cautious as to prognosis.

Rare Manifestations of Iodism.

H. Hallopeau observed in two cases peculiar manifestations of iodine-poisoning, and reports on them in L' Union Médicale. The first was the case of a man, 30 years of age, who acquired syphilis eight years previously and was in constant dread of a return of manifestations. He had received mercurial treatment and also had taken iodide of potassium in large doses; he took 6–10 grams per diem almost constantly for six months. In all this time no intoxication developed, save transient coryza and occasional eruption of purpura about the lower extremities. Suddenly the patient was seized by an apoplectic attack, on the right side of the face and the extremities of the left side became paretic. Notwithstanding the reasonable suspicion of a syphilitic encephalitis, the iodide was stopped. In a few days the paresis had mended completely.

Hallopeau is of the opinion that a small hemorrhage, analogous to that occurring in the purpura spots, had taken place.

In the second case the iodide of potassium was never given in doses exceeding one or two grams per day. After this had been kept up a short time only, there developed a crop of very painful nodules in the subcutaneous tissues. This was the only sign of intoxication, a slight purpura excepted, and developed every time the iodide was taken up anew. The nodules developed on the anterior aspect of the thigh especially, were of oval form, 1–2 cm. in diameter. The skin over them was reddened and painful on pressure.

Oertel on the Treatment of Obesity.—E. F. Willoughby writes in the London Medical Record: It is now twenty years or more since the late Mr. Banting attracted no small notoriety for himself, and a lesser degree for his medical attendant, by publishing the somewhat heroic treatment by means of which he had succeeded in relieving himself of a considerable part of his superabundant fat. Some years later, a would-be baronet was, without his consent, subjected to a course of treatment in one of Her Majesty's establishments, which proved, we believe, even more successful; and quite recently a celebrated statesman has shown his gratitude to his medical attendant by an appointment which has raised a storm in the leading university of his country, the practitioner having, though more gently, reduced the dimensions of his unwieldy patient, who, already the greatest man in his Fatherland, was seriously apprehensive of becoming the biggest.

Meanwhile, a member of our profession, Dr. Oertel, of Munich, having with success applied the teaching of Pettenkofer and Voit to the improvement of his own personal health, comfort, and appearance, has published his experience for the benefit of the world at large.

Jesting apart, we must say that Dr. Oertel's "Terrain Kur" does seem to be based on sound physiological principles, though, as he urges, it should not be attempted except under strict medical supervision.

According to Dr. Oertel, the treatment of obesity consists in strengthening of the weakened muscular substance of the heart, and this is to be effected by a limitation of the amount of fluid in food and drink, and the graduated exercise of the muscles, especially of the heart.

A fat man, he says, weighing 78 kilograms, will probably have 12 kilograms of blood, will consume daily 2,000 grams of food, and in all four kilograms of water, while the fluid excreted will fall short of that ingested by 100 grams, which will be daily added to the body-weight, i. e., to the blood and fluids in the tissues. Dr. Oertel begins by reducing the total weight of food to 900 or 1,000 grams, or about one-half, and the water to a still lower proportion.

A healthy man takes usually about 130 grams of albumen, 84 of fat, and 404 of carbohydrates; Oertel gives his patients 169 of albumen, 43 of fat, and 114 of carbohydrates. This increase of the nitrogenous and decrease of the non-nitrogneous food-stuffs is nothing new; but the true explanation was first given by E. Voit, who proved that, though carbohydrates in excess tend to the production of fat, they act only as "Sparmittel," or means of checking metabolism. Their proper function is to minister to the production of force, and the fat is formed from the albuminates, which break up into fat and urea, having previously combined with the elements of water, but a preponderance of albumen in the food favors a more rapid and complete metabolism of the albuminates into urea and uric acid, after they have raised to a maximum the albumen circulating in the fluids of the body.

At first the thirst felt is distressing, water being permitted only in small quantities, and after digestion has well begun; but it soon becomes unimportant, and the secretion of the kidneys is increased. Any edema of the legs disappears, the limbs act more freely, and the heart's action is less feeble.

The next procedure, and that which gives the name to the "cure," consists in a course of exercise in walking, first on level ground, and then on gradually increasing gradients. For this purpose several establishments under

medical direction have already been opened at Meran, Bozen, Arco, Baden-Baden, Abbazia, and other suitable sites on mountain-slopes, where the different stages are marked by large red figures painted on the rock. At first the patient is not allowed to speak, and bidden to walk slowly; should palpitation come on, he must inspire with one step, and expire with the next, a proceeding which, like other "respiratory gymnastics" of our German friends, is said to make the breathing easier. He may also stand still at every eight or ten steps, and, if necessary, support himself by leaning on a post or rock; but on no account may he sit down until his day's distance has been accomplished.

Such efforts, however judiciously prosecuted, are found to make great demands on the patient's strength, and call for a diet very different from that of the ordinary table d'hôte. Dr. Oertel recommends the following: for breakfast, a cup of tea or coffee, with 150 grams of milk and 75 of bread; midday, 100 grams of soup, 200 grams of boiled or roast beef, veal, game, or poultry, without fat, fish dressed without oil or butter, salad and green vegetables to the patient's fancy, 25 grams of bread, and farinaceous food or milk puddings not exceeding 100 grams, a little fresh fruit, but no drink; in the afternoon, 150 grams of tea or coffee, or at most one-sixth of a litre of water; in the evening for supper, one or two light boiled eggs, 150 grams of meat, 25 grams of bread, a little cheese, salad or fruit, and for a beverage one-sixth to one-seventh of a litre of wine, with, perhaps, one-eighth of a litre of water. Should so abrupt a change from the patient's ordinary habits prove too trying, some relaxation is granted, and those who suffer from obesity only are allowed a glass of beer at dinner.

Sphygmographic observations are made daily in all cases; and Dr. Oertel alleges that he has restored to the normal some of the most characteristic curves of weak hearts, while patients who at first could scarcely walk on flat ground without panting and palpitation, have been able to perform ascents of the mountains before leaving.

Lupus Vulgaris.—In the course of a clinical lecture at the College of Physicians and Surgeons, Chicago, Dr. Henry J. Reynolds, as reported by the Chicago Medical Journal and Examiner, spoke: The principal diseases from which lupus vulgaris is to be differentiated are sphilis, superficial epithelioma and lupus erpthematosus. By close attention to the following diagnostic points, a diagnosis can almost invariably be made with positiveness:

LUPUS VULGARIS.	SYPHILIS.
Almost invariably first manifests itself in childhood.	Usually in adult life.
Is not hereditary.	May be.
Never occurs in infancy.	It may.
Rare in this country.	More common.
Papules small, soft, deep, not elevated, and may reappear in the scar.	Larger, harder, elevated, and never reappears in the scar.
If female, not necessarily any previous history of abortions.	If female, may have previous history of abortions.
Generally local.	Liable to be a tendency to general distribution.
Progresses very slowly.	More rapid.
Margin ill-defined and uneven.	Well defined.
Never affects the bone.	It may.
No syphilitic history.	Almost invariably a history of primary and secondary syphilis in adult.

THE ULCER.

Generally begins from an aggregation of points or papules.	Generally from single point.
Is shallow, with red granulating base.	Deep.
Margin not abrupt, elevated nor undermined.	Margin, abrupt, elevated and undermind
Secretion scanty.	More profuse.
Odorless.	Fetid.
Little crusting.	More crusting.
Resulting scars always white.	Often pigmented.
LUPUS VULGARIS.	SUPERFICIAL EPITHELIOMA.
Generally begins in childhood.	Usually found in old age.
Starts as multiple discrete papules which may each form an ulcer.	Starts within from one or an aggregation of papules which ultimately form only one ulcer.
Not painful.	More or less painful.
Progresses very slowly.	Progresses more rapidly.
Becomes irregularly nodular.	Does not become nodular.
Becomes diffuse and ill-defined.	Does not become diffuse and is well defined.

THE ULCER,	
Generally multiple.	Usually single.
Shallow, with red granulating base which bleeds easily.	Deep, with hard, indurated, uneven base.
Edges ill-defined and neither elevated, everted, nor undermined.	Edges clean-cut, abrupt, indurated and everted.
Ill-defined, red, unhealthy skin outside the margin of the ulcer, due to the more diffuse nature of the disease.	Surrounded by healthy skin.
Moderate amount of secretion.	Secretion more scanty and liable to be tinged with blood.
Secretion inodorous.	Secretion fetid.
Presence of the characteristic non-ulcerative papules found in the scar and healthy skin.	No elementary papules found at same time as ulcer.

Lupus erythematosus may at once be differentiated from lupus vulgaris by the absence in the former of deep-seated papules, and of ulceration and discharge, by its occurring first in adult life, by its symmetrical distribution on each side of the face, as a rule, by its firmly adherent yellow scales, and by the absence of the nodular condition characteristic of lupus vulgaris.

Respecting treatment the doctor said: Various methods and remedies are adopted in the treatment of this disease; the simplest, and I may say, the least effective, being the local application of such remedies as green soap, stimulating lotions, caustics, etc. When the affection is mild and there is already a tendency to atrophy and absorption such treatment may be all that is required. Another and more effectual method is that of multiple linear scarification of the part; a number of parallel incisions being made just deep enough to go down to the healthy tissue, the same being then crossed by similar incisions. Another, the most effectual in advanced cases, is that of erasion or scraping with the dermal curette.

On a New Procedure for the Removal of Small Calculi from the Bladder in Male Children.—Thomas Annandale, of the University of Edinburgh, discusses lithotomy and lithotrity in children in the British Medical Journal of Jan. 2. He states that it was his wish to discover some method which would be more simple and cause less injury to the urethral and vesical structures in the case of male children, than the ordinary operation of lateral lithotomy, more particularly when the stone to be removed is limited in size.

He details the following case of such a procedure, and believes that it is a useful addition to our means of treatment of such cases:

Case.—A boy, aged 4½, was sent to me on account of symptoms of stone in the bladder which had existed for about a year. The usual symptoms were present and well marked, and, upon sounding him, I detected a small and light stone.

On December 10th, I put him under the influence of chloroform, and dilated his urethra by passing Nos. 6, 7, 8 and 9 silver catheters in succession. The first three passed rapidly, but No 9 was slightly grasped in its passage along the urethra. Before removing this last catheter, four ounces of antiseptic fluid (corrosive sublimate 1 to 4000) were injected through it into the bladder. This catheter being withdrawn, a small lithotrite, having a diameter about equal to a No. 8 bougie, was introduced along the urethra into the bladder. After a little careful manipulation, the stone was seized and fixed between the blades of the instrument. It was then found that, by depressing the handle of the lithotrite, its vesical extremity, together with the stone, could be readily felt through the abdominal wall immediately above the pubes. The lithotrite being held in this position, a small incision, an inch in length, was made in the middle line of the abdominal wall over the pubes, and for a short distance above it. The various tissues were divided, until the wall of the bladder was exposed at the point against which the blades of the lithotrite and the enclosed stone were pressing. A little further depression of the handle of the lithotrite caused the extremity of its blades covered by the stretched wall of the bladder to protrude through the wound in the abdominal wall; and a small incision having been made through the wall of the bladder by cutting upon the

extremity of the lithotrite, the blades of the lithotrite, together with the stone, were pushed through the wound. The stone was here extracted from between the blades of the lithotrite; and the open extremity of a No. 7 India-rubber catheter was seized, and drawn into the bladder and along the urethra as the lithotrite was removed, thus leaving a drain for the urine to escape from the bladder. The wound in the abdominal wall was closed by means of two horse-hair stitches, and a drainage-tube introduced into it so as to aid the escape of any urine which might flow from the bladder-wound. Irrigation with corrosive sublimate solution (1 to 2000) was employed during the operation, and the wound and parts around were covered with a dressing of corrosive sublimate wool. The stone removed was about the size of a horse-bean, of uric acid formation. For the first thirty-six hours after the operation, the urine was slightly tinged with blood, passed principally by the abdominal wound; but, after this, it flowed through the catheter, which had been secured in the bladder.

Forty-eight hours after the operation both drainage-tube and catheter were removed, the patient not having had the slightest bad symptoms. For twelve hours after the removal of the drainage-tube and catheter, the urine came by the abdominal wound; but, after this, it passed almost entirely by the urethra, and the patient was running about the ward, perfectly well, on the tenth day after the operation.

It may be said that this is simply a suprapubic lithotomy, and so it is, but I maintain that it is a much less serious proceeding than the ordinary suprapubic operation, as the bladder is scarcely disturbed, and the wound made in it is very limited. Its advantages over lateral lithotomy are: 1. That the urethra, prostate and neck of the bladder are left uninjured; 5. That it is a much more simple proceeding, and does away with the principal risks which have occasionally been encountered in performing the operation on children.

I confess that it requires a little manipulative dexterity to seize a small stone in a male child's bladder; but no greater dexterity is required in doing so than what every surgeon, professing to be an operating surgeon, should possess.

It is possible that in certain cases the same principle might be carried out, by bringing the stone to the neck of the bladder, opening the prostatic part of the urethra, and thrusting the blades of the lithotrite and contained stone into the perineal wound; but in the case of children there can, I think, be no doubt that the suprapubic method is preferable.

The Treatment of Profuse Hemoptysis.—In an article read before the Medical Society of London, according to the British Medical Journal, Dr. Samuel West summarizes the available methods of treatment in cases of this nature, as follows:

1. Rest (a) of body generally, (b) of part diseased. Many of the indications under this heading will be met by the use of opium.

2. Hemostatics.— (1) The topical astringents; (2) the vascular constringents.

Topical astringents cannot be applied to the bleeding part of the lung, and if they act at all, it must be only as vascular constringents.

The belief as to the use of the vascular constringents in pulmonary hemorrhage is probably based upon an incorrect theory of the pathology, and reasons have been given why they can be expected to do but little, if any good. Ergot was probably introduced on account of its efficiency in controlling uterine hemorrhage; but it is shown that the necessary conditions for its action do not exist in the lungs uuless their action be by vascular constriction, and this is probably ineffectual.

As the risk of death in profuse hemoptysis is not so much from loss of blood as from suffocation, and as profuse hemorrhage tends to bring about of itself the conditions most favorable to its cessation, an attempt may be made to imitate these conditions in treatment. When a vessel is divided hemorrhages ceases (1) from contraction of the vessel; (2) from

clotting of the blood, aided by the great fall in blood-pressure which severe hemorrhage induces.

1. Contraction of the Bleeding Vessel.—The vessel is so diseased in hemoptysis, that its muscular coat can no longer act at the diseased spot, and therefore this condition cannot be fulfilled.

2. Clotting of the Blood.—There is, so far as I am aware, no drug which, by internal administration, can increase the clotting power of the blood.

The effect upon the blood-pressure can be imitated in various ways.

1. By free blood.letting from artery or vein. This old-fashioned method of treatment is as rational in cases of suffocative hemoptysis as in apoplexy, for in both cases the risk to life is not from the loss of blood, but from the mechanical effects of the hemoptysis upon thə organ involved.

2. If blood-letting be inapplicable, the same end may be aimed at by detaining the blood in some part of the body other than the part diseased; (a) for example, mechanically, as by the use of Junod's boot, or free, dry cupping; (b) or by dilating some of the great vascular systems of the body, and making them act as temprary reservoirs for the blood; (a) the adominal system (purgation); (b) the cutaneous system; counterirritation; possibly pilocarpin, or even nitrite of amyl. These two drugs dilate the vessels throughout the whole body, and might possibly be of great service. Some objections in theory to their action have been considered.

3. The blood-pressure may be further influenced through the heart; (a) by means of the cardiac depressants, of which antimony is the most reliable; (b) by the nauseating emetics, though their action upon the heart is probably only a part of a more general action. Of the emetics, ipecacuanha was much used by Trousseau.

4. Lastly, dieting is of great importance. The principle of absolute rest and restricted diet, which is the essence of Tufnell's treatment for aneurysm of the thorax and abdomen, is equally applicable and useful in pulmonary hemoptysis.

Ammonia in the Treatment of Anthrax and Carbuncle.—The New York Medical Journal says: The "Lancet," for January 9th, without giving the source of its information states that Dr. Leonidas Avendano lately read a paper before a Lima medical society, in which he testified to the great value of ammonia in anthrax and "carbunculous diseases," adding that it was a specific, and should be the only drug used. In cases of malignant pustule, after an incision has been made, the official solution of ammonia should be dropped into the wound, in the hope of its destroying the bacilli there and of some of it finding its way into the blood before the bacillus does, so as to make it impossible for the parasite to multiply in that fluid. In addition, some salt of ammonium, such as the acetate, should be given internally, and, on the slightest suspicion of general infection, resort should at once be had to intravenous injections of ammonia, in doses of ten drops of the official solution with the same quantity of distilled water. In cases of malignant edema and carbunculous fever, too, "the microbe should be attacked directly in the blood, ammonia being injected into the circulation." Several successful cases were related, and the author closed by stating, to the honor of Peruvian medecine, that Dr. Leno Alarco had first injected chloral in tetanus, and ammonia in septicemia or purulent infection; that Dr. Armando Vélez and Dr. F. P. del Barco had first injected capsicum into the veins in yellow fever; and that Dr. Néstor Corpancho and himself had originated the treatment described for carbuncle.

On the Treatment of Congenital Syphilis by the Older and Newer Methods.—Ralph W. Leftwich writes in the London Medical Record: Professor Monti, of Vienna, contributes a valuable paper on this subject to the Archiv für Kinderheilkunde, Band vi., Heft 1. Of treatment by inunction, the oldest is that in which blue ointment is employed. It is still largely used; but the objection to it is that it oxidises too readily in this form, and is then apt to produce eczema. Oleate of

mercury is extensively used instead of the blue ointment; and mercurial plasters have been substituted by some, while Charcot recommends mercurial soap. All those compounds are, however, more or less unsuited to the tender skin of infants, the least objectionable being the oleate of mercury. Dr. Monti has, however, had no personal experience of the soap. Moreover, inunction involves considerable risk of the system rapidly aborbing an excessive quantity of the drug, and in the case of very young infants this leads to acute anemia. He has also come to the conclusion that the sudden death which is not an uncommon incident in hereditary syphilis occurs with far greater frequency where this has been treated by inunction. For these reasons he has for some years ceased to use it in the case of children under one year. The next treatment under review is that by calomel. This also has a tendency to produce anemia, and should, therefore, be given as a powder in combination with lactate of iron. This may be discontinued when the first symptoms have disappeared, and saccharated iodide of iron snbstituted until the spleen is no longer felt or the skin has resumed his normal color; but should the disease reappear in the skin, mucous membrane, or bones, calomel must again be resorted to. In some rare cases, such as those where there is great irritability of the intestinal tract, a subcutaneous injection of a freshly prepared mixture of calomel suspended in mucilage may be administered.

The treatment by corrosive sublimate gives very satisfactory results, provided it be not too long continued, in which case symptoms of gastric irritation will supervene. The drug is also administered in the form of a bath, which should contain about seven grains; but, in the writer's experience, their effect upon the disease is very slow, and should therefore be accompanied by calomel internally, and in that way they appear to hasten the cure. The best mode of giving corrosive sublimate is by subcutaneous injection. The solution should consist of perchloride of mercury gr. jss., chlorate of soda gr. vj., and water 150 grains, and of this one-half to one syringeful should be used every day or every other day until the symptoms disappeared, to be renewed upon their return. The punctures are best made upon the abdomen or chest, and must not be too close together.

The injection is in general well borne, and, according to Dr. Monti's experience, never produces mercurialism, and causes very little loss of flesh. It cannot be denied, however, that infants do not bear these injections so well as adults; even with the greatest care, it is not uncommon to find induration of the cellular tissue and abscesses at the seats of puncture. It is also not suitable for out-patients, because the mothers decline to bring the children after a few times. Notwithstanding that the symptoms subside more rapidly under this treatment than under any other, the author has of late confined its use to cases that would not bear mercury internally.

Albumen of mercury, as recommended by Bamberger, is preferable for hypodermic use to corrosive sublimate, provided the solution be clear; but it is excessively unstable, and, if used in a cloudy state produces irritation and abscesses. Much the same objection applies to mercury-peptone, though it is rather more stable. Formamide of mercury (Liebreich) is unsuited to children. Protiodide of mercury produced excellent results, especially when combined in a powder with lactate of iron, and perhaps no other remedy acts so promptly upon the syphilitic affections of the bones. Unfortunatly, it produces diarrhea and colic, and the addition of Dover's powder to the above compound soon ceases to have any effect. Consequently, Dr. Monti only gives it in cases where bone affections exist from the beginning. Black oxide of mercury, as recommended by Henoch, was found to produce vomiting, and was therefore soon given up. The author has had only a limited experience of hydrargyrum tannicum oxydulatum (Ludwig), but is favorably impressed by it, more especially because it does not appear to affect the digestive organs. It is now a recognized fact that hereditary syphilis can be cured by preparations of iodine as well as,

though more slowly than, by mercury. It may be given as iodide of potassium, to which, however, there are on the whole insuperable objections, or as saccharated iodide of iron. The treatment of syphilis with this drug was favorably commented upon by the author in a paper on the subject in 1876 (see London Medical Record, vol. iv., p. 222) and his subsequent experience of it has confirmed this predilection. It is borne well by children of any age, improves their nutrition, and never produces iodism; but it is much slower in its action than mercury, and is therefore best suited for very chronic cases. It should be given as a powder; for, if the syrup be used, it is apt to produce diarrhea. Three grains may be divided into ten powders, and a newborn child may have two or three daily dissolved in milk.

A Recent Study of Nux Vomica.—The Therapeutic Gazette (Medical News) reports: At a late meeting of the Philadelphia County Medical Society, Dr. John H. Musser presented a paper "On the Influence of Age on the Dosage of Nux Vomica, with some Remarks on its Therapeutics," in which he says:

Going over the notes of some fifty cases, I find that at from 15 to 40 years of age 45 drops or more of the tincture were almost invariably well borne. After 40 years it was the exception to be able to increase the dose over 35 drops without causing disagreeable symptoms.

One of the patients, aged 24, took 200 drops three times daily with most decided benefit. To another, aged 16, 125 drops were exhibited without experiencing any bad effects. On the other hand, a male, aged 60, could take but 20 drops, and not one over 50 could get beyond 35. Patients aged 16, 24, 28, 35 and 40, took 40, 55, 30, 45 and 45 drops respectively before any therapeutic benefit could be seen.

Two effects of large doses of the drug were observed, that, under certain circumstances, would be disadvantageous—the production of diarrhea and of frequent seminal emissions. Small doses of laudanum would readily control the former, although it is rare that the case would demand such very large doses. The latter symptom could not well be remedied.

In mental and psychical depression due to prolonged excitement this drug is of value. One of my students took from 600 to 800 drops of the tincture daily, and thereby successfully tided himself over a period of great strain. In fact, he studied harder and kept later hours than at any other examination period, and with less detriment to his health. He is myopic and astigmatic, and this was the first time he came out of his studies without suffering from eye-strain. The doctor writes me that he has used the drug since, in practice, under similar circumstances. For instance, he helped along well a young society girl, who was unusually busy with engagements, until the rush was over. These uses of the drug are as dangerous, however, as those of any stimulant, and it should be given only on extraordinary occasions for the purpose indicated. Its use as above serves to show its power as a nerve stimulant.

It has recently been the custom of students of medicine to take caffeine to keep them awake for study. My observation of the students who had taken one of these drugs was favorable to the use of nux vomica. The ones who took it came off with much better health and less nervousness than the caffeine-eaters.

The following are some of the conclusions which may be drawn from the above statements:

1. The effects of nux vomica are in inverse proportions to the age of the patient, the susceptibility increasing with the age.

2. The usual doses of the tincture indicated in the text-books are inadequate for many practical purposes, and do not represent the usual dose of strychnine.

3. It is a powerful and rather transient stimulant.

4. The best therapeutical effeets can be secured in many cases only by pushing the drug almost to the physiological dose.

5. The system soon becomes accustomed to its use, and the dose must be increased.

6. The good effects in dyspepsia are largely due to its power to heighten reflex excitability.

Sparteine Sulphate.—The Paris correspondent of the Philadelphia Medical Times, writing on the efforts made to introduce new remedies, reports:

One of the most recent is sulphate of sparteine, obtained from the broom-plant, Spartium Scoparium. Dr. Laborde, the chief of Professor Béclard's physiological laboratory, has made a number of experiments with this substance, and has discovered that it has a remarkable effect on the heart. In dogs to which were given doses of one centigramme, there was a considerable augmentation of the heart's action, and this result was not owing to any modification of the respiratory rhythm, because it continued after the animals were also given curare, so that he thought that the action of the drug was on the heart-muscle itself. Discovering that the sulphate of sparteine increases the energy of the heart's action without giving rise to toxic symptoms, Dr. Laborde asked Professor Germain Sée to try it on his patsents.

Dr. Sée thus reports on it: "Three characteristic and conclusive effects are the result of my observations. The first, which is the most important, is the quickening and renewed action of the heart and the pulse; in this it resembles digitalis or convallamarine, but its action as a cardiac tonic is very much more prompt than either of these, and more durable. The second effect is the regulation of the heart's rhythm that has been disturbed; and I believe that no other medicine can be compared with it for this purpose. The third result is the acceleration of the beat: this would be useful only in those cases of muscular atony with slowness of the beat: in this action it resembles belladonna. All these phenomena appear at the end of the first hour after the administration of the medicine, and the action maintains itself for three or four days after the drug has been discontinued. During this time the general strength is increased and respiration is easier: the urinary function alone does not seem to be influenced by the moderate doses I have used up to the present."

The sulphate of sparteine seems, then, to be applicable to some alteration in the heart: either when it has undergone an alteration in its tissue or has become incapable of compensating the obstacles to circulation. When the pulse is irregular, intermittent and arhythmic, the sulphate of sparteine will rapidly re-establish the normal type. When the circulation has slowed up, the medicine seems to relieve this functional trouble, and at the same time it maintains and augments the newly acquired force of the heart-muscle.

The Therapeutic Inutility of Calcic Phosphates. The Boston Medical and Surgical Journal says:—

Recent experiments tend to throw doubt as to whether phosphate of lime, given for medical effect, is ever assimilated by the organism.

Heiden, of Pommeritz, experimented with twelve guinea pigs, all of the same litter; four were vigorous, four less strong, and four were very feeble. These were divided into sets, four in each: two strong guinea pigs being associated with two weak ones. To one strong and one weak one was given phosphate of lime mixed with the ordinary food; to the other two pigs of the set only food was given. The experimentation lasted forty-three days, and the sole result obtained appeared to be augmentation of calcic phosphate in the excrements.

Heiden concludes from these experiments that phosphate of lime is not assimilated.

The same conclusions result from the researches of other German observers. Weiske has shown that phosphate of lime added to the feed of milch cows, not only is not assimilated, but is not even eliminated in the milk. Sanson, professor of the school at Grignon has repeated these experiments and arrived at the same conclusions, namely: that phosphate of lime, added to the daily rations of animals, is not appropriated, and all passes out in the fecal matters and in the urine.

CONTRIBUTIONS.

PHILOSOPHY OF EMOTIONAL EXPRESSION.

BY FRANK W. VANCE, M. D., MEMPHIS, TENN.

The majority of motor actions, involuntary and voluntary, vegetative and animal, as exhibited by the organism, are acts destined to cause its continued existence. This law applies to every part of the organism as it does to the whole, and the law of emotional expression finds fit application under this most general law.

The physical reactions of emotional excitation are acts which are to bring about continued existence of the organic basis and functionating energy of the emotion. The physical expressions of emotion are vegetative and animal, vegetative as concerned in direct nutrition, animal as concerned in indirect nutrition. The flushing of emotional centers with nutritive fluid is direct nutrition. The conscious voluntary pursuit of emotional gratification is indirect nutrition. The physical reaction of emotion is thus a cause of construction, and excitation awakens the constructive causes of its continued existence.

The heart and vaso-motor mechanism are greatly under the influence of emotion, for it is by means of the circulatory system that flushing of the emotional nerve centers is brought about and nutrition and continued existence insured. Local hyperemia is a constant necessary concomitant of emotional excitation.

The organs of assimilation are under the influence of emotion, but probably the influence is incidental as to conservative reaction upon emotion and the influence is due to circulatory disturbance.

The organs of generation are greatly under influence of emotion, especially the erotic type, for it is by emotional influence upon these organs and reaction of their functional excitation on emotion that nutrition and continued existence of erotic emotion is insured. Erotic emotion conserves sexual function and the reaction of sexual excitation conserves erotic emotion.

Facial and vocal expression are to a great extent under influence of emotion, for it is by these expressions that man acts upon the emotional mechanism of his fellow being, and thus responsive action conserves emotional nutrition.

Artistic creation is an expression of emotion, for it is by poetic composition, painting, sculpture, architectural and decorative splendor, music, etc, that the esthetic emotion finds its cause of constructive excitation. The expression of esthetic emotion is artistic production, and the reaction of artistic production upon the esthetic emotion causes its continued existence.

Religious emotion finds expression in devices and psycho-sociological activities, the reaction of which upon religious emotion conserves its nutrition, sacred books, idols, relics, legends, formalism, revivals and objects of veneration and worship, imaginative and inanimate.

The reason why, that emotional expressions are causes of emotional nutrition is plainly seen, for were it not so, a mode of activity that did not contain in itself elements for its restoration could not exist. Hence, the law of emotional expression.

FOREIGN BODIES IN THE ORBIT.

By W. Edwin Ground, M. D., Ph. D., Toledo, Ohio.

The eye is the jewel of the face and the light of the soul. Scars and mars of the face mean courage and bravado; wounds in the rear tell the sad tale of retreat and mortification.

The prominent bony ridge which surrounds the eyeball guarantees its precious safety. The round form and easy rotation of the eyeball saves it from injuries and rupture that would otherwise destroy it. Unless a penetrating weapon be very direct, it passes the globe unharmed, and enters the orbital cavity. When foreign bodies enter the orbit and pass out of sight they are extremely hard to find unless of considerable size. However, it seems that it is possible for quite large bodies to lodge in the orbit and remain for a considerable time without the patient's knowledge; as, for instance, the case reported by Mr. Carter in the Ophthalmic Review, Vol. 4, p. 337, that of a hat peg, 3 $\frac{3}{10}$ inches in length, which had remained imbedded in the orbit for twenty days without the patient being aware of it. It was successfully removed by Mr. Clarke without any impairment of vision.

A foreign body in the orbit may prove dangerous by direct injury to the eyeball itself, the optic nerve, or the orbital walls may be fractured. Or it may produce orbital cellulitis and periostitis which may ultimately involve the bone and contents of the cerebral

cavity. Fracture of the upper wall is extremely dangerous, for the foreign body, which is generally a pointed instrument, may penetrate the cranium; or the splinters of fractured bone may set up great inflammation of the brain and meninges. Penetrating wounds produced by a bayonet, arrow, umbrella-ferrule, hook, key, etc., are the more serious. The external wound may be trifling, the eye often escapes harm and the skull entered, in which case the prognosis is grave. It is often difficult to probe the track of the wound, because the eyeball is violently pulled around as the weapon enters and afterwards returns to its place, thus rendering the track tortuous. There is very grave doubt as to the propriety of probing. Of course all foreign bodies accessible should be promptly removed, and where the probability of the presence of a foreign body is great, or where there is evidence of a displacement of fragments of bone into the cerebral cavity, particularly where the wound is recent and the symptoms urgent, the prudent surgeon would certainly explore with a view to removing the trouble. The little finger is unquestionably the proper probe. Should the foreign body be discovered or any loose fragment be found, the external orifice of the wound should be enlarged if it is the most accessible way of reaching the seat of the trouble. When practical the external incisions for removing the foreign body should be made in the conjunctiva, and the wall of the orbit sought nearest the body. The tissues should be detached, so as to allow the easy removal. The hemorrhage is quite profuse. Antiseptic precautions should be strictly observed.

Cerebral symptoms, when they occur, may be due to the pressure of the foreign substance, to intracranial hemorrhage, or to inflammation. The latter class of symptoms is varied, viz., pain, weakness, delirium, vertigo, paralysis, coma, etc. The head-symptoms may be tardy in appearing, and be so long delayed as to make perforation of the roof seem highly improbable, yet the dreaded token may appear.

To illustrate the subject more fully I will relate a case occurring in my private practice. Mr. E. W., of Lindsay, Ohio, was referred to me August 13, 1885, by Dr. Woland of that place.

Mr. W. is about 36 years of age, and of good constitution. About one and a half years ago the patient being in close proximity to a buzz saw, was struck in the face and knocked senseless to the ground by a piece of scantling which was flipped against the rapidly revolving circular saw by the falling over of a plank which had just been sawed. Dr. W. being out of town, another physician was called who turned his attention to reviving the patient, etc. The nasal bones were severely crushed, and a slight cut was noticed in the upper left eyelid, into which (evidently without exploring) the emergency surgeon placed some sutures. The wound in the eyelid healed nicely. Upon Dr. Woland's return he assumed charge of the case, and by the end of twenty-four hours the patient began to be conscious. Several pieces of bark were removed from the nasal cavities from time to time. About three months after the injury an abscess formed and broke through the upper lid midway between the median line and the outer canthus, just under the orbital arch of the injured (left) eye. It would not yield to medical treatment, and kept giving forth a foul smelling pus. The orifice of the sinus would sometimes scab over, but the collection of pus behind would force it open in a day or two. Probing revealed nothing of certainty; the instrument could be inserted in the direction of the apex of the orbit to the depth of nearly two inches. When I saw the patient I probed carefully, but I could determine nothing of value; however, I was confident of a foreign body's presence in that orbital cavity. Just what it was I was not sure, although I believed it to be (from the character of the discharge and the appearance of the external opening of the sinus) necrosis of the wall which might have been splintered by the injury. I determined, however, to cut down and investigate.

I accordingly directed my incision from the orifice to the outer canthus, thence around the ridge of the orbit to the median line below, and carefully detached the orbital tissues from the external and upper wall. I say detached, i. e., I made my opening to the apex of the orbit as near the outer and upper wall as possible, and when I introduced my little finger and explored it, I felt something loose at the bottom of the orbit. Removing my finger I passed a slender sharp tooth fixation forceps and grasped the movable substance, but it would not yield to any material extent, but in my encounter with it I pulled off a fragment which proved to be wood. Enlarging the canal somewhat I succeeding in securing a firm hold upon my intruder, and with a swaying motion of my hand, I wrenched it from its bed. It proved to be a piece of sound wood, looking as fresh as the day it went in. It measured two-thirds of an inch in length, by two-eighths of an inch thick and three-eighths wide. The vision before the operation was reduced to counting fingers at

two feet which kept improving until the vision increased to $\frac{20}{100}$. Ophthalmoscopic examination showed an optic neuritis partaking of the nature of neuritis descendens, which has proceeded to the stage of partial atrophy in region of the macula lutea which accounts for the dimness of vision in the centre of the field (central scotoma) so annoying to the patient. The optic papilla appears grayish, some spots a shining white, optic disk slightly excavated.

As soon as I could stop the hemorrhage (which was terrible) I coaptated the parts perfectly with sutures after providing drainage. Applications of cold water and rest were ordered. Within a week the wound had healed nicely without the trace of a scar, except at the orifice of the sinus. There was no ptosis and no squint. The constant headache of which the patient complained has entirely disappeared. I heard from the patient about a month ago; he was free from pain and annoyance. The sight is improving slowly, the central scotoma not being so marked.

The principle points I desire to emphasize are: 1. The difficulty of detaching foreign bodies in the orbit, and the ignorance of the patient regarding their presence. 2. The necessity of removing foreign substances in the most direct and accessible way, whether we have to cut through the lid or conjunctiva. 3. The absolute necessity of removing the body at first, if the cerebral symptoms are urgent, and if not removed then, it should be done as soon as possible, and at all hazards, if any symptoms of brain or meningeal complications arise. 4. The great liability of any suppuration about the orbital cavity to destroy the sight sooner or later. 5. The necessity of giving vent to collections of pus in the orbital cavity, and of securing perfect drainage about the same. 6. The use of antiseptics in all operations about the orbit.

145 Summit St., Toledo, O.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

Stated meeting held Saturday, February 6, 1886, the President, Dr. E. H. Gregory, in the chair.

Dr. Ohmann-Dumesnil read a paper on

The Role of the Nervous System in the Causation of Vitiligo.

The writer began by stating that in disease nutrition is more or less perverted, and that the normal regulator of nutrition is the nervous system. So that it might be asserted that decayed nutrition depends upon perverted nerve action. Vitiligo or acquired leucoderma is generally classified as an atrophic and hypertrophic disease of the skin, characterized by a central want of pigment and a peripheral excess in the macules. The white color is always sharply defined by the excess of pigment at the periphery, which gradually fades into the normal skin. It really consists, however, of a centrifugal displacement of pigment. It is known that the skin is richly supplied with glands, blood-vessels, lymphatics and nerves, and it is also known that many of the diseases of the skin are due to organic, functional or reflex nerve troubles; and there is no reason to doubt that impaired or perverted innervation or organic changes in the nerves may bring about nutritive changes in the skin, in the form of improper or perverted distribution of pigment. We have an analogous condition in chloasma due to liver and uterine troubles. Two cases were very good examples of the nervous origin of the trouble.

Case I. W. G., aged 35, of a "nervous" temperament, had two spots of vitiligo the size of a dime, one on each side of the chin, and equidistant from the median line. Ascending galvanic currents produced marked improvement; but treatment was not persisted in.

Case II. E. M., aged 28, strong, says he has "weak" nerves. Vitiligo involved part of the chin, neck, cheek and head, on right side and exactly limited by the median line. Local stimulation and an ascending galvanic current was given with marked benefit. Treatment was discontinued by patient, because improvement was not rapid enough. Here the writer quoted from a large number of authors in regard to the etiology of the disease, especially as to its nervous origin. It showed a great diversity of opinion, but those who have paid the most attention to it and who have studied its pathology closely, are inclined to regard it as nervous. The principal arguments in favor of this view are:

1. The analogous cases where pigment loss or disturbance is undoubtedly due to nerve influence, such as sudden bleaching of the hair, and white spots in leprosy.

2. The increase of pigment due to nerve irritation, as in chloasma.

3. The anatomical distribution of the spots, symmetrical or unilateral, of which the two cases given are types.

4. The concomitant nervous phenomena.—The majority of patients are either subjects of some nervous malady, or the possessors of

what they term "weak" nerves. Family history generally shows a neurotic tendency.

5. The effects of nervines have been quite marked in the improvement produced. They have not had a sufficient trial yet.

6. The use of the galvanic current has also been followed by marked benefit; but its use has been limited to such a small number of cases that it can only be looked upon as corroborative evidence.

7. The nerve alterations found in this disease were marked in a certain number of cases. There have been but few investigations in this direction.

The few points noted above will show, however, that the nervous system plays quite an important role in the causation of vitiligo, and that its incurability should not be hastily predicated.

Dr. Dean remarked that he had at the City Hospital a woman, aged 65, colored, who has always been healthy with the exception of rheumatism and cataract of both eyes. She is not especially nervous, nor is there any trouble of that kind in her family. The vitiligo is markedly symmetrical in her case, existing in the scalp, on the back of the neck, shoulders, on part of the breasts and under, axillæ and sides of chest. A strip runs down the back to the sacrum also. The arms, backs of the hands, abdomen and dorsa of the feet are also affected. He said that the color in these cases is often exaggerated through contrast. He regarded the habit of attributing all symmetrical troubles to nervous action as a mistake. We might expect any atrophy of this kind to be symmetrical.

Dr. Ohmann-Dumesnil answered that in partial albinism or congenital leucoderma the spots were certainly not as well defined as in the acquired variety. He wished to call attention to the fact, however, that the symmetry existing in the former cases was not so precise nor found in the corresponding nervous areas so exactly as he had seen it in acquired cases. Besides, he did not pretend that all were due to a nervous origin, but the presumption was that a larger number than is usually supposed is; and that in such cases treatment should always be advocated, as there was a possibility of success.

Dr. I. N. Love then read a paper on

Some Points in the Management of Scarlet Fever. (Will be published in the Review).

Dr. Shaw inquired in what doses the essayist administered the tincture of aconite.

Dr. Love answered, in a child of two years, from half to one drop repeated. He believed in small doses, often given and largely diluted. If the case can be watched give the aconite every hour. If not instruct parents or nurse to watch carefully and give it until it produces its effects.

Dr. Hulbert stated that in his experience where an adult acquires measles or scarlatina it is a more serious matter than in children. He had lost several cases and, in conversation with physicians, he received the same information. In children, the large class of scarlatina is mild; in adults it is always severe.

Dr. Meisenbach agreed with the last speaker, relating some cases in support of his statement. What he wished to know was why so many who were in hovels and subject to all the bad influences possible recovered so well; whilst children with every care and luxury surrounding them succumbed so frequently. He thought the doctor's treatment fully up to the times. He regarded the failure of the heart's action as a feature of all cases of scarlatina and by combating this we could get them well. He mentioned the German plan of stimulation. He regarded the question of the recurrence of scarlatina, having seen a case where it did so. He did not think that the throat ought to be interfered with, as it is only one of the symptoms of the disease; whilst it was good treatment to make the bowels and skin act supplementarily in order to save the kidneys. One of the points not touched upon was the glandular inflammations which are sometimes severe; the parotid, sublingual and cervical being involved. He detailed a case where there was bilateral involvement of the cervical glands and, on one side, resulted in a post-pharyngeal abscess. These inflammations are of long duration, and the point is when they ought to be opened. They should be let alone as much as possible; when opened this should be done freely and drainage established.

Dr. Green regarded measles and scarlatina as less dangerous in the adult than in the child. The danger in adults was, not so much from the disease as from the severe affections of the bronchial tubes, and more carelessness in exposing themselves. In regard to giving benzoate of soda, he wished to observe that there was a difference in the action of antiparasitics given where no infection existed and where it already existed. A very weak solution, applied to an aseptic wound, will succeed; but when it has become septic, a stronger one must be employed. In scarlatina we have to contend with septic germs, and in addition sometimes, with those which produce diphtheria, as the soil is favorable for them. The essayist did not mention those

cases where the parotid gland is involved and which are malignant. The gland gets hard, and if the patient does not die he recovers disfigured. The throat should be attended to and atomized, and where aconite will not do much good, as the action of the heart is so weak. To prevent induration of the glands the speaker has used a mixture of tincture of iodine, carbolic acid and glycerine applied externally, and atomizations internally.

Dr. Shaw agreed with Dr. Love in regard to the hygienic measures and antiseptics, but had always been afraid of aconite. He had possibly used aconite as much as any physician in the city and he had found it of benefit in many cases but not in scarlatina. It puts the brakes on the heart so much by its inhibitory influence, that he always feared an arrest of action. He might be wrong, but he based his action on the teachings of materia medica. Another point he differed on was giving benzoate of soda to stimulate the kidneys. His custom was to refrain from stimulating them as much as possible. The kidneys are irritated in the discharge of their function and any diuretics, unless in the first, second or third day of the fever, will necessarily increase the blood pressure in them and cause irritation. He generally relied upon the action of the bowels and administered cathartics. The treatment should be such as will save the kidneys as much as possible. There is such a dryness of the skin that the kidneys must, in a large measure, do double duty. In reference to the recurrence of scarlatina he had treated three children in one family for well-marked cases of the disease. About four years later it recurred in all three in a marked form.

Dr. Love stated that his paper was not intended to cover all the points. It was based upon considerable reading and some little experience,and both these sustained him in the statement that scarlatina is less severe as the age increases. Statistics also show that, in all diseases, the poor who have not the proper hygienic conditions, etc.,suffer a greater death rate, and scarlatina is no exception. As to its recurrence, it was not rare but very unusual for it to take place in a whole family. In regard to letting the throat alone, he thought the condition a local one due to an effort of the system to throw off disease. Gentle management will greatly help and it can be relieved of the intolerable symptoms, aside from antiseptics, and this is important. The matter of antiseptics was criticised as too weak. He hesitated to apply strong ones to children and used bichloride of mercury in any case with great anxiety and carefulness. In regard to aconite, there was no single experience that could be given that could not be criticized and justly so. Medicines in the hands of physicians are like instruments in the hands of surgeous. When we handle a dangerous remedy we ought to consider the solemnity of the occasion. As to selecting one remedy above another, the successful application of any one remedy depends upon the habit and selection of the individual. He recognized the danger of aconite and also the importance of stimulants. He wished to say that there was a time when the kidneys required gentle stimulation. Among other points not touched upon was the ears. They ought to be examined from the start and, frequently; when pain is the only symptom complained of, we may, by proper and early interference, save the tympanic membrane.

CHICAGO MEDICAL SOCIETY.

Stated Meeting, held January 18, 1886. The President pro tem., D.W. Graham, M. D., in the chair.

Dr. E. J. Doering read a paper entitled

Mutual Protection Against Blackmail.

The author stated that among the many trials which physicians have to encounter in the practice of their profession is the ever-existing liability of being blackmailed. This may either assume the more frequent form of a so-called malpractice suit, or the relatively less frequent charge of a criminal assault, according to the viciousness of the complainant. Such suits against physicians are increasing. One reason quoted was the fact that every city is overrun with petty lawyess, who have little or nothing to do, and are always willing to encourage any suit whatever, if there be the least prospect of getting something out of the defendant. The author stated that since investigating the matter he became convinced that many of these blackmail schemes were settled before being made public. Many a physician preferred being robbed of one or two hundred dollars, rather than incur the publicity, the loss of time and the endless expense of a lawsuit. Again, the average jury, composed of the ignorant and illiterate, will always have a strong leaning toward the complainant and against the defendant in a malpractice suit, as physicians are popularly supposed to be capitalists. The author stated that personally he had never been sued or even threatened with a suit, and it was, therefore, from no motive of selfish interest, but from a sin-

cere regard for the welfare of the profession, that he advocated the formation of an association for the mutual protection of physicians against blackmailing suits of all kinds. His plan is to organize a society composed of two or three hundred members of the regular profession, all of whom shall be of acknowledged ability, possessing a good moral character and standing in the community. Said association to employ the best legal talent attainable, by the year, to furnish the members such legal advice as they may desire at any time and defend any suit against the members arising in the discharge of their professional duties. It was stated that the expense to each member of an association composed of about two hundred would not exceed five dollars per annum, and that an initiation fee of five dollars would create a sufficient fund for court expenses. Such an association would be a power in preventing suits. Let it be known that the individual physician is backed by the financial and moral support of a few hundred of the best physicians, and aided by the best legal talent obtainable, and he will be let severely alone by the offscouring and dregs of society who constitute, almost without exception, the blackmailing element in our professional life. The author stated that he was not aware of the existence of such an association as the one proposed in any other city, but the principle at least had been carried out recently by the New York County Medical Society, in voting $500 to assist in the defense of the Drs. Purdy, members of the society, in the case of Brown vs. Purdy. After reading a number of letters from prominent physicians in favor of forming a protective association,and presenting several legal opinions sustaining the advisability, practicability and legal status of such a society, the author concluded by stating his firm belief that such an association for mutual protection was needed, that it would be a power for good, that it would draw the profession closer together, that, in short, it would be based on the principles of a common brotherhood, viz., equality, harmony, justice and unity.

Dr. F. C. Hotz said that the extract of his letter to Dr. Doering which was incorporated in the paper, indicated that at the time it was written he did not think favorably of the project. And, after listening with much interest to the doctor's arguments, he saw no reason for changing his opinion. Professional reputation and honor is the most personal of all personal property; if he lost it, it does not hurt anybody but himself, and, therefore, if any attack be made on it he should certainly wish to employ among the able lawyers the one in whose ability he had the greatest confidence. But he was not sure whether the lawyer retained by this protective union would be the one to whom he should like to trust the defense of his reputation. The attorney might be as able, or abler, than the lawyer of his own choice; but should the case go against him, he should never feel satisfied that the lawyer had done all that could be done for him unless he had full confidence in him. It is with the lawyer as with the physician, a question of confidence, and his patrons find no fault with his treatment as long as they have implicit faith in his ability.

An objection of greater weight, however, has been urged by several of the doctor's correspondents, in asking what possible effect it might have if the fact was brought out in court that he belonged to such a union? The lawyers whose opinions were obtained and read by the doctor say it cannot legally affect the case. There is no doubt but what this is true. But the verdict of a jury in malpractice suits is not determined by the legal aspect of the case; and circumstances which cannot have any legal effect upon the case have often made a deep impression upon a jury and decided the case against the physician. To illustrate: In Dr. Bettman's first trial the experts of the prosecution testified so unreservedly in the doctor's favor that had the case been then submitted to the jury without arguments, the doctor would have been acquitted at once. To fortify his cause Dr. Bettman's lawyer called a number of experts whose testimony was of course only cumulative. Now what did the prosecuting lawyer do? Did he make an effort to break down the expert evidence by scientific arguments? No, sir; but he wiped out its effect upon the jury by the mere waving of his hand, speaking thus: "The defense has piled up a mountain of expert evidence. But, gentlemen of the jury, what does it all amount to? These doctors are working together in the same hospital. Don't you see that they have a common interest to sustain each other, because every one of them may be in the same fix some day? Don't you know they are clannish? They won't admit that one of them can make a mistake. O, no!" One could fairly see the impression this harangue made upon the jury, and they rendered a verdict against the doctor, though it is certain the lawyers will say the fact of his being associated with the experts in the same hospital should and could legally not prejudice the jury. But it evidently did all the same. After such experience, can you for one mo-

ment believe it would not damage the physician's cause, if it was shown he and his experts belonged to a society formed for the express purpose of mutual assistance in malpractice suits? A mighty poor lawyer indeed he would be who could not make a great deal out of it before a jury.

Very interesting was that part of the paper in which the doctor evolved his idea how this new society could prevent, ward off, malpractice suits. He believes the shysters would not be so eager to engage in this business if they knew they had to fight a corporation with plenty of means to employ the best legal talent. Why this should discourage those fellows, it is hard to understand. They do not sue poverty-stricken doctors. Whom they select for their victims they suppose to be rich and consequently able to employ a good lawyer. They do not expect to have an easy game; but why should they not try it? They don't risk anything by it. The blackmailer's stake is only two dollars and a half for filing his application, and his lawyer's stake is his time, which is not worth much anyhow. So you see, they have nothing to lose, but much to gain. What difference should it make to them whether the opposing counsel is engaged by one physician or by one hundred? If you wish to devise means by which this blackmailing nuisance can be stopped, or at least reduced to a minimum, you must try to get to the roots of the evil; that is, you must find the causes which usually bring it forth. And you will not go far to find them; for you find them right at your door, in our own profession, in the shape of indiscriminate dispensation of gratuitous services and of unkind remarks of one physician about another. Physicians are altogether too quick to give their services gratis to almost anybody at any time. But you know very well people do not value very much what they can get for the mere asking; they do not think much of what tney can get for nothing. And it is also a widespread notion (especially among the lower uneducated people) that the quality of service is regulated by the amount of money they pay for it; that the treatment at a free dispensary, because gratuitous, is not the same, not as good as at the physician's office where they have to pay for it. These people cannot persuade themselves that a physician will take the same interest in a case whether or not he is paid for his services. The poor, therefore, are always suspicious that they do not get their full share of attention; they are quickly ready to charge their physician with carelessness if the case goes wrong. And with a patient in this frame of mind, it takes but very little encouragement to begin a suit for damages, And in nine out of ten cases, doubtless, this encouragement is furnished by the members of our own profession. He did not mean to charge physicians with purposely, wilfully instigating a lawsuit against a professional brother. Though this has been done, such extraordinary baseness is a rare exception.

What Dr. Hotz had reference to is the inconsiderate, careless, thoughtless habit of expressing an opinion about a case or a colleague. To illustrate: A physician at a dispensary shows a bad case to professional friends, and without thinking of the possible evil consequences, makes in the presence of the patient some remark like this: "Well, perhaps I ought to have done this or that." The patient already laboring under the impression that he was not fairly treated because he could not pay, he sees in the doctor's remark the strongest confirmation of his suspicion, goes to a shyster and begins a suit for damages. And doubtless, in a similar way the mind of a patient is often poisoned and set against his physician by a careless or unkind remark of another physician. So many physicians are always ready to express their opinion about their colleagues in the presence of anybody, or to criticize their professional acts upon the information received from a patient or some old woman. Now you all know how these people misconstrue the words of a doctor; how they pervert the facts inadvertently. You must admit that you cannot rely on what patients tell you; and you cannot form an opinion that is worth anything of a case you have not seen or been informed about by the attending physician. Why, then, don't you say so when some busybody asks you what you think about that case of Dr. H.? Or if you know the physician, say he is competent to attend to his own business; if you don't know him, change the subject. But at all events, unless he be a notorious quack, refrain from uttering any words which even only insinuate the possibility of a mistake or want of skill of your colleague.

Stop running each other down; stand by each other; sustain each other, "stick together and be clannish;" let it be understood in public that no reputable physician will prostitute himself by going to court as expert for a blackmailer. If all the reputable physicians of this city adopt and act on this principle, blackmailing the medical profession would soon be a thing of the past, and mal-

practice suits more effectually prevented than by the organization of a protective union.

Dr. P. S. Hayes said that from his costly experience in a malpractice suit he felt that an association such as suggested by Dr. Doering would be of great service. The lawyer employed by such an association would speedily acquire such a fund of medical knowledge that he would be considered an expert in malpractice cases. He would not require an amount of coaching necessary to prepare for any given case as would be requisite in the case of a lawyer who had had no experience in such cases. His opportunity for obtaining information in a given case would be largely extended, for each member of the association to whom he might apply would be interested in giving him the desired knowledge. He would soon become acquainted with medical witnesses and know which would give the best testimony in any case.

An association of the character suggested by the paper, might be a means of educating its members in regard to laws bearing on the rights of physicians and their patients, not now generally understood.

For one he is heartily in favor of such an association, and should give it his hearty support.

Dr. G. C. Paoli said that Dr. Doering's paper is not only a valuable one, but contains such a high, noble, charitable feeling, that the Society ought to be grateful to him. He wondered that such steps had not been taken before, because so many of our professional brethren have not only suffered annoyance, but pecuniary loss as well. How can we expect from an ignorant jury a decision based on scientific knowledge and justice?

Dr. F. M. Weller said that the subject of the paper was worthy of consideration; that the discussion of the formation of an association with an object so widely different from the Medical Society seemed out of place; the one essentially scientific, the other in the nature of an insurance. The right to form such an organization was unquestioned; the policy should be considered by each individual. That while any one might be made the object of blackmail, he believed that charges of malpractice more frequently arose from the ignorance of physicians of the statutes affecting the practice of medicine, especially those of the criminal code, and of the rulings of the courts in cases.

Dr. H. D. Valin read a paper on

The Origin and Significance of the Sexes and the Determination of Sex in Utero.

He said that it is not generally known that intermediate steps exist by which sexual generation evolved from a primitive mode of conjugation of two or more similar organisms. The process of conjugation observed in the slime molds resembles a sexual process of extreme simplicity. But this union seems to take place between undifferentiated individuals, and as no sexual organ or secretion is present, it could not be called sexual, and it is only a step higher than that observed by Ch. Robin in the noctiluca, individuals of which sometimes swallow others of their own species as they would a particle of food.

The evolution of the sexes is epitomized in the three following species of the volvox family: Pandorina morum, Volvox globator, and Volvox aureus. In the first the spermatozoids are not differentiated from the granules of the ovum, in the second they are so differentiated, and in the third the two sexes exist each in a different colony.

In the animal kingdom, some species of mollusks contain an organ (ovo-testis) from which spermatozoids as well as ova are produced. In many animal species both sexes are contained in one individual, as in the case of tape-worm, leeches, earth-worms, barnacles, oysters, some star fishes; and among the vertebrates such is the case in several species of serranus, as well as in other fishes. However, most of the vertebrated animals have the sexual organs distinct in two different individuals, but a condition closely resembling hermaphroditism often occurs by reversion as an anomaly; and should any one disbelieve that some remote progenitor of the whole vertebrate kingdom has been hermaphrodite, there remains the fact "that at a very early embryonic period both sexes possess true male and female glands" (Darwin), and in each mature individual rudiments of some of the sexual organs of the opposite sex are extant.

The condition of hemaphrodite is advantageous enough as long as the struggle for existence is but slightly marked, but in higher life, where the least advantage is of moment, hermaphroditism gives rises to separate sexes in the following manner: those hermaphrodites whose spermatozoids and ova mingle with the generative products of other hermaphrodites breed a progeny which is more vigorous than that resulting from a single hermaphrodite, and thus copulation between hermaphrodites became established in the struggle for existence; but this is an observed fact, for Darwin said: "There is reason to believe that with all hermaphrodites two individuals, either occasionally or habitually, concur for the reproduction of their kind."

Of course that set of organs in one individual hermaphrodite which had been used more frequently would the better perform their function, while the opposite set would become less active; and then we would find some hermaphrodites with better developed male organs, and others with better developed female organs; and the progeny resulting from the union of two such more differentiated individuals would be especially favored in their struggle for life and would breed individuals in which one set of organs would be abortive, while the other would be highly developed, as is the case in as high an animal as man. Such a transitory stage as alluded to above is met in mollusks, and in the common oyster; the genital cœca in any given individual are found to be either almost all ovigerous or almost all spermigerous (Huxley).

In the case of hermaphroditic human persons the organs of one sex almost always predominate over those of the other.

The foregoing facts aud inferences warrant me in formulating the following hypothesis, which will explain the law of heredity: In hermaphrodites, while the organs of one sex become more highly evolved, at the expense, as it were, of the opposite sex's organs, this latter set, as embryology proves, is slow to disappear, and concentrates itself in the germinal matter. In other words, as the male organs become better developed, the spermatozoids acquire a faculty for developing a female offspring, and vice versa. This hypothesis is based chiefly on the facts that the queen bee (Huxley) contains a male germ in each of her unimpregnated ova, while the male bee transforms, by means of his spermatozoids, the same ova into females.

Determination of Sex in Utero.—In case each sex generally reproduces the opposite, as I claim, it is easy to understand why the number of each remains about stationary under ordinary circumstances. The law of Thury, of Switzerland, that "conception following menstruation produces females, and conception preceding menstruation produces males, harmonizes with my hypothesis if we consider that a greater number of spermatozoids and more active ova will reach the ovum in the uterus than would in the Fallopian tubes and in the ovaries, and should any given cause act to reduce one sex, the other sex would thrive the better and would reproduce a majority of the rarer sex, thus restoring the equilibrium, and insuring an equal number of either sex in the progeny.

There being no discussion on this paper, the Society then adjourned.

CORRESPONDENCE.

Loyalton, Cal., Jan. 29, 1886.

Editor Review:—Last February I reported a case of compound fracture of the lower end of the femur chiefly to bring into notice the means used for transporting the patient some hours after the accident. My patient made an excellent recovery. At the end of three months the most careful measurement I was able to make of the injured leg showed no shortening. The gentleman was profuse in his thanks and prompt in paying his bill. After about six or seven months, I noticed that he walked with a perceptible limp, and another measurement showed that the leg was three-fourths of an inch short. There had been no pain at the point of fracture, nor unusual stiffness of the knees; the provisional callus was of moderate amount, and yet the fact was and is, that after he began to walk on the leg it shortened. This is the second time this has occurred in my practice. I would like to know if any of my brethren have seen the same thing? It is proper to add that my patient is as much pleased as ever at the result obtained, but asked me why it was? I could only say, "ask me an easy one."

Respectfully,

Fred Hutchins, M. D.

FRACTURED PATELLA.

Juniata, Neb., Jan. 25, 1886.

Editor Review: In the Review of January 23, I noticed an article on treatment of "Fractured Patella," by Swan's operation, which consists in the subcutaneous division of the quadriceps tendon and thus rendering the fracture reducible. By refering to Vol. XII, No. 11, of the Review, you will notice in my article that I suggested the same procedure. I suggested that at least a partial tenotomy might be performed. I would expect to reduce the fracture perfectly if it ever became necessary to divide the entire tendon. If the tendo Achillis will unite, why will not this? I had thought of this a year before my article was published, but did not know that it was anything very new. I do not know whether Dr. R. L. Swan thought of dividing the tendon before I did or not, but be that as it may, the idea is not new to him alone. I have never tried it, but shall the first opportunity I have. Respectfully,

L. R. Markley, M. D.

—"The Modern Crematist" is the title of a monthly devoted to funeral reform and cremation. It is published in Lancaster, Pa.

THE WEEKLY MEDICAL REVIEW.

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TO OUR READERS!

The Medical Press and Library Association have assumed the literary charge and control of the REVIEW with this issue. The general plan of the arrangement of matter is shown in the present number. However, it is readily understood that many details of arrangement must be perfected in order to carry out the plan indicated in the prospectus, to which we direct especial attention.

We invite the cordial support of our readers as an incentive to mutual good work.

THE HISTOGENESIS OF TUBERCLE.

There are still many moot points in the histogenesis of the tubercular nodule. The giant-cells and epithelioid cells were described as derived from the endothelial lining of serous membranes by Koester and Rindfleisch; Colberg Aufrecht claimed they originated from the cells of the vascular adventitia; others again looked to the fixed cells of connective tissue, and still others to migrated white blood cells as their source; and Friedlander Julius Arnold described the origin of giant-cells from epithelia.

All of these several views are founded on the sites of predilection chosen by the nodules. In many places they are situated in the vascular adventitia; Klebs found them in the lumina of lymphatics; and in tuberculosis of the testicle they are found in the seminiferous ducts.

Baumgarten, of Koenigsberg, who has done much to investigate the pathology of tubercle, has written in the Zeitschrift fuer klinische Medicin, Band ix., x., on this matter and reports the results of his investigations conducted since the tubercular process has become clearly defined by its constant relationship to the bacillus tuberculosis of Koch.

The paper is reported on by Neelsen, in the Centralblatt fuer klinische Medicin, 2, 1886.

After briefly reviewing the literature of previous studies, Baumgarten sets forth that he endeavored to get a series demonstrating the various and progressive stages of development of tubercle by infecting at the same time and in the same manner a number (8-10) of animals with matter containing the specific bacillus. An examination at stated intervals of the diseased organs of this series gave him a continuous line of development from the first origins to the perfected nodule.

His first series was subjected to inoculation into the anterior chamber of the eye; albinotic rabbits were chosen for this purpose. The development of tubercle of the iris was thus followed up. The infected eyes were removed from the fifth day on, at intervals of 6, 12, 24 hours, the rabbits being chloroformed for the operation. The enucleated bulbi were placed at once into a chromic acid mixture. After being properly hardened, sections of the tissue were made and stained by rather a devious process. In order to stain the bacilli the well-known method of Ehrlich of coloring with methyl-violet was employed; after decolorizing the sections they were placed for half an hour in a 50 per cent acoholic solution of fuchsine, or for 10-15 minutes into a fuchsin-anilin oil mixture; thereupon the sections were exposed, if the former method was employed, for 5-10 seconds to a solution of methylen blue, 1:1000; or, in the latter case, for 5-10 minutes to a concentrated solution of methylen blue. After dehydrating in alco-

hol and clearing up in oil of cloves, the sections were mounted in Canada balsam.

By this complex mode of treatment both the bacilli and the cell-nuclei were stained and the minute details brought out.

The first histological change observed in the parenchyma of the iris after the bacillar invasion is karyokinesis of the fixed cell elements. On the fifth and sixth, especially on the seventh and eighth day after inoculation, the kariokynetic figures can be demonstrated in the fixed cells of the connective tissue, as well as in the endothelial elements of the vascular coats, and in the epithelia of the posterior surface of the iris.

On the ninth day there may be found at the points of inoculation numerous epithelioid cells, derived from the division by karyokinesis of the fixed connective tissue cells. This is the point of interest; for Baumgarten says that the migratory cells, pus cells and lymphoid cells, that are met with in the infected region, show no evidence of proliferation.

The bacilli are usually contained in the proliferating cells; those cells that contain many bacilli, however, show no progressive alteration. And in the progress of the development of the nodule the bacilli increase and new karyokinetic figures are not developed; in other words after a certain multiplication of the bacilli has ensued the growth of the nodule comes to a stand-still.

Baumgarten considers the recticulum of tubercle to be the remnants of the fibrillæ of the pre-existing connective tissue; the fibrillæ become crowded apart and rarefied by the enlargement of the original cells and the access of the new-formed ones.

After the nodule has ceased to grow and has become circumscribed, a phenomenon that appears to be due to an arrest of growth of the bacillus at the periphery for reasons unknown, a migration of leucocytes from the surrounding vessels ensues; at first such lymphoid cells are absent.

Subsequent to the "lymphatic infiltration" of the tubercle ensues its decadence; the leucocytes first undergo retrogressive change, the epithelioid cells follow. At the same time the bacilli multiply, so that finally the nodule is densely crowded with them.

The second chapter of our author's paper is devoted to the consideration of corneal tubercle. After a central inoculation of tubercular material upon the cornea, a small ulcer develops about the sixth day. The margins of this ulcer are soon found to be occupied by minute white nodules. These nodules are soon after also found at some distance from the point of infection. The multiplication of the bacilli is easily recognized under the microscope; the formation of the tubercles is not so easily followed up, on account of the rapid invasion by leucocytes of the nodules formed by the proliferation of the cornea-corpuscles.

Respecting the development of tubercle in lymphatic glands, the author has observed that the bacilli are not found in the free cells of the tissue, but alone in the meshes of the reticulum or in the fixed cells thereof. Hyperplasia of these fixed elements develops the juvenile tubercle-nodule, i. e., the epithelioid cells; the lymphoid cells at this stage are passive. Subsequently giant cells arise and caseation follows in the regular order of development.

Tuberculosis of the lung also begins by subdivision of the fixed elements of the alveolar and capillary endothelia or of the cells of the inter-alveolar connective tissue and probably also of the bronchial epithelia. Thus the epithelioid cell aggregations are formed. Subsequently by immigration of leucocytes the lymphoid tubercle is developed.

In the kidneys karyokinesis takes place on the part of the connective tissue cells, the capillary endothelia and the epithelia of the uriniferous ducts in first line to the establishment of epithelioid elements. In the liver also both endothelia and glandular cells participate. The process of formation in the spleen and in bone-marrow is analogous to that described for the lymph glands. By feeding tubercular substance Baumgarten developed intestinal tuberculosis and found that the first development of the nodules ensues in the lymphatic

apparatus of the bowel in the manner given for lymphgland-tuberculosis.

It is to be learned from this evidently careful and exact experimental research that an accumulation of migrated blood-cells is not the first stage of the tubercular nodule, and that the white cells have no connection, as has been claimed, with the development of the endothelioid cells. These are the first cell-forms met with, and are derived, together with the giant cells, from a proliferation of the stable cell-elements of the tissue. The leucocytes are the result of a secondary migration into the so-formed nodules.

We beg leave to remind our readers that Baumgarten's results are most interesting in this, that they demonstrate a degree of activity and participation on the part of stable cells, in certain pathological processes at least, that has not been conclusively shown heretofore, notwithstanding every possible effort in this direction since the exclusive views of Virchow respecting thereto, were so thoroughly shaken by Cohnheim's brilliant researches.

A Point in Intestinal Surgery.

We find in the Centralblatt fuer Chirurgie a reference to a procedure practiced by the late Professor Panum, of Copenhagen, for the prevention of the development of peritonitis in animals operated on by him in his studies of the phenomena of digestion. The measure is certainly of great surgical interest, and may, in a given case, prove applicable to man.

Panum brought about a thorough union of the intestine and the abdominal incision in the following ingenious manner. After opening the belly, the skin and the parietal layer of the peritoneum were united by sutures. Then a loop of intestine was withdrawn completely and fixed outside of the abdominal opening by a series of mattress-stitches that passed through the whole thickness of the margins of the incision of the parietes and through the mesentery of the loop of intestine. Thus a portion of the gut came to be entirely outside of the abdomen and the complete occlusion of the peritoneal cavity was accomplished; the condition of nutrition of the intestine remained favorable, and the physiological phenomena were open to direct observation.

In such animals Panum saw that quite soon after the operation the intestine becomes covered with epithelium, that proceeds from the integument at the margins of the incision, and gradually spreads over the surface of the exposed loop.

The peritoneal surface of the gut assumes the appearance of granulations, and some pus is secreted therefrom; following in the wake of this change the epithelial covering of the surface takes place. Five or six weeks after such an operation Panum found that the entire loop was well protected by a continuous epithelium. Panum looks upon the phenomenon as a transplantation of cells of the epiblast upon a surface that is normally covered by such of mesoblastic origin. He rejests the assumption of a metaplasia, i. e., of a direct transformation of the endothelia of the peritoneum.

Abdominal Autotransfusion in Acute Cerebral Anemia.

It is well known that serious and even fatal anemia of the brain may be established by the rapid evacuation of the abdominal cavity of large tumors or accumulations of fluid. By the sudden relief from pressure the abdominal veins become engorged with blood and collateral anemia is the consequence. In the St. Petersburger medicinsiche Wochenschrift Dr. R. Koppe of Moscow reports the case of a twin-pregnancy in a primipara, 24 years of age, of delicate constitution, with a contracted pelvis. The first child was perforated and extracted; the second, in breech presentation, was developed living. The uterus contracted firmly after the expulsion of the placentae. Suddenly the woman collapsed. In the absence of any hemorrhage, the womb being firm and hard, and in the absence of any sign of rupture of the womb, brain-anemia was

diagnosed as the probable cause of the alarming state. The treatment consisted in re-establishing proper distribution of the blood that engorged the abdominal veins by tightly bandaging the abdomen with compresses and roller bandages. The result was most gratifying; the woman became conscious.

Iodine-Collodion—A Caution.

Our readers are reminded of the unfortunate incident that happened to a Vienna physician of good standing, whose patient lost a finger, that had been frostbitten, by necrosis subsequent to the use of iodine-collodion. Some of the expert-testimony attached blame to the physician for having made circular applications of the iodine-collodion to the finger and charged the gangrene to this mode of application. It will be remembered that the Vienna faculty cleared the physician of any culpable negligence or ignorance; however, in the meantime, the unfortunate man had committed suicide.

The sad circumstances of this case occur to to thus on noticing a report by Dr. Vogelsang, of Biel, in Memorabilia—Medicinisch-Chirurgische Rundschau—to the effect that iodine-collodion when painted upon quite a broad expanse may also be followed by gangrene of the skin and sloughing.

The doctor states that he has been in the habit of brushing collodion over the surface of scrofulous or other glandular swellings, and found that reabsorption of the hyperplastic material is thus favored. On a certain occasion a patient presented herself on account of scrophulous lymphadenitis of the neck. The swelling had been freely painted with tincture of iodine for some time, so that the skin was deeply stained. This treatment had not improved matters much, and Vogelsang concluded he would apply collodion. A thick coat was brushed over the surfaces. Three days later the patient returned and it was found that the collodion adhered firmly, but that, corresponding to the margins of the collodion-coat, a reactive inflammation was going on; a line of demarcation had become established. The result was an extensive slough of the skin and an ugly ulcer.

Vogelsang is of the opinion that the iodine is to be considered the cause of the gangrene. He assumes that under the impervious film of collodion, an intensified chemical action of the agent takes places, leading to coagulation of blood in the capillaries and death of tissue.

It is certainly our opinion that an exceeding vulnerability of tissue must exist, if such a disastrous result follows the application of iodine-collodion; and in such states, scrophulosis, etc., it is well to be on your guard, as the above experiences fully show.

Hypnotism and Suggestion.

We referred in our issue of January 9th, to the remarkable psychical paralyses that depend on an idea, that the French appear so suceptible of and that Charcot calls "paralysies imaginatives," and dwelt on the various manifestations in these conditions of hypnotic neurosis.

With a zeal worthy of a better cause, this characteristic foible is being cultivated in France, and, as we learn from the British Medical Journal, is being turned to some account by the criminal classes.

We note that M. Liégais, Professor at the Faculty of Law at Nancy, has just invented what he calls "l'hypnotisme télèphonique." He claims to send people to sleep several miles distant from him by telephoning them to go to sleep; he, then, also by telephone, transmits his "suggestion," that is to say, indicates the act he wishes them to commit. These orders are faithfully obeyed. Among other cases he gave orders to a young fellow, while asleep, to fire a revolver and steal a five franc piece on waking up; he did so. A young girl was told to sneeze twice on waking and sing a song; she did both.

This is rather puerile business for a would-be savant to engage in, and has nothingin common with the painstaking study of the manifestations of true hypnotism, as reported on by Charcot, and the trophic troubles produced

by suggestion by such men as Beaunis, Dumontpallier, Féré, and Brown-Séquard.

A medico-legal aspect has been put on these strange phenomena by the case of a young girl that was recently taken before a Paris tribunal, charged with stealing a blanket. She pleaded that she did the act under the influence of a suggestion. The judge paid no heed to this plea. On imprisonment she developed symptoms of hypnotism, and committed several acts by suggestion. Mm. Charcot, Brouardel and Motels are to examine into the case.

REPORTS ON PROGRESS.

REPORT ON DISEASES OF THROAT AND CHEST.

BY WM. PORTER, M. D.

1. Diphtheria Treated Locally by Tolu Varnish.—Richard Lord, M. D.—British Medical Journal.
2. Lactic Acid and Tubercular Laryngitis.—Discussion in Berlin Medical Society.
3. Overfeeding in Phthisis.—Debove.—Peiper—London Practitioner.
4. The Quantity of Bacilli in the Expectoration of Consumption.—Dr. Zenkewitch.—Journal de Médecine de Paris.
5. A New Physical Sign in Heart Disease.—Dr. Pasteur.—Middlesex Hospital Reports.
6. The Cure of Angina Pectoris.—Houchard.—Bulletin General de Therapeutique.
7. Laryngological Section of the New York Academy of Medicine.

1. Diphtheria Cured by Tolu Varnish

is thus reported by Richard Lord, M. D., London:

M. O. L., aged thirteen, complained at two o'clock on November 10th of malaise. She was in bad spirits, owing to the death of one of her schoolfellows from diphtheria. A saline aperient was ordered, and taken in the evening. Next morning at seven o'clock she said she felt "all right," but complained of sore throat.

Upon examination, thick, well formed, grayish-looking patches, rather smaller than a florin, but of oval shape, with gangrenous edges, were seen over the right tonsil, and on the right posterior pillar of the fauces. At five o'clock in the afternoon the patch had somewhat increased, and two small patches were seen on the other side. The diphtheritic spots were covered with the varnish, as recommended in Dr. Morell Mackenzie's work. Tincture of perchloride of iron with glycerine and chlorate of potash was prescribed as a constitutional remedy. The patient expressed herself greatly relieved by the varnish, and I applied it twice a day, instead of once, as advised by Dr. Mackenzie. In about forty-eight hours from the time when it was first seen, the membrane began to disappear, and, on the evening of the fourth day, not a trace of it remained.

I may add that it is important that the fauces and tonsils should be first well dried with blotting-paper. The solution can be most conveniently applied with a camel's hair pencil fixed into a long wooden penholder, as supplied by Messrs. Maw.

The method of treatment which I have found so successful in this case being, I believe, little known, I think I shall be doing a service to my brother practitioners in placing it on record.

[In former days it was customary with some to forcibly remove the diphtheritic exudation. Now, and with much greater reason, we endeavor to prevent its progress and destroy it in situ. The plan proposed by Mackenzie is finding favor, as is seen by the extract. The writer would recommend several modifications or additions to his suggestions. In many of the cases, as seen this winter in and about St. Louis, the rapid, but easy destruction of the membrane was almost necessary on account of the mechanical obstruction. In such cases it is well, first, to remove all moisture and loose secretions by means of the blotting paper, or, if preferred, by absorbent cotton

held in forceps; second, the application of a watery alkaline solution of trypsin to dissolve or digest the fibrin of the false membrane; third, the addition of a small amount of tincture of the perchloride of iron to the tolu varnish. That the iron, well applied, is of value is beyond doubt, and when combined with the varnish it is probably the best application yet known in these cases. The trypsin solution, as suggested by Fairchild, seems to hasten the period when the diphtheritic membrane becomes inert. The practitioner must not, however, lose sight of the necessity of early and judicious internal medication.]

2. Lactic Acid and Tubercular Laryngitis.

A discussion has taken place in the Berlin Medical Society on the value of lactic acid in laryngeal tuberculosis. Dr. Krause stated that of fourteen undoubted cases he had treated in this way some were improved, and some completely cured. The least satisfactory cases were those where the posterior wall of the larynx was affected; also those where there was a lesion below the vocal cords which could not be well brought under the influence of the application. The voice improved, also the power of swallowing, and the general conditions of the patients.

Dr. Rosenberg confirmed the statements of Dr. Krause as to the good effects of lactic acid, but, for his own part, was still more satisfied with the results of a twenty per cent solution of menthol. He was also treating pulmonary phthisis with menthol inhalations. Dr. Lublinski had had a certain amount of success with lactic acid, but found that, after the ulcers had healed, they again broke out. Professor Virchow pointed out that when these ulcerations healed, a cicatrix only was formed, not true mucous membrane. He hoped that further observations on this subject might be made, especially on cases that had healed for some time.

[While as yet there is no specific treatment for laryngeal phthisis, yet the fact is plain, that there is each year increasing testimony that the condition can be successfully dealt with.

A few years ago it was denied by some that tubercles were found in the larynx—yet tubercular laryngitis is a most frequent term in the literature of to-day, and its existence is no longer doubtful. Afterward it was asserted that if tubercle did exist in the larynx it was incurable. Some four years ago investigators in the field of laryngology began to note cases of recovery, and now it is a matter of frequent record. Not that as yet a large percentage get well, but there is enough of result to greatly encourage the conscientious worker.

It is possible that there may be a recurrence of tubercle. A patient who has a tubercular tendency is not thereby forever free from it, because a tubercular outbreak has been overcome. Among the comparatively few cases that have recovered from undoubted tuberculosis some will probably, even after a number of years, die from a subsequent attack. This must be admitted in the laryngeal form of the disease, and yet we hold that if in a tubercular larynx there has been a return to normal function and appearance lasting for several years, that patient may be placed in the catalogue of "cure"—no matter what his subsequent history may be. We but ask the same rule to be applied that is used to estimate the result of treatment in other forms of disease].

3. Overfeeding in Phthisis.

Upon recommendations of Debove, Peiper has made trial of this method of treatment in fourteen cases.

The food which Debove used consisted of milk with eggs beaten up in it and powdered beef, the latter being obtained by carefully drying pieces of beef over a gentle heat and then powdering it up in a mortar. It is well borne and easily digested. In those cases in which there was want of appetite and disinclination for food, he was accustomed to introduce the food though the stomach tube, overcoming the vomiting which sometimes

occurred by previously washing out the stomach with ice cold water. This method, as might be expected, was not always successful, and, in the two cases in which Peiper adopted it, caused such vomiting and general disturbance, and created such an invincible repugnance to its repetition that he was obliged to desist altogether from it. He therefore administered the food to them in the natural way, preferring rather to combat their want of appetite and overcome their disinclination for food by the use of stomachics and other suitable remedies. Half a litre of milk, containing four or five eggs and twenty-five grams of this powdered beef, was given twice a day, forenoon and afternoon, the quantity of powder being increased by twenty-five grams every two or three days, until the amount given was so great as 200 to 300 grams distributed over three or four periods of the day. The patient received in addition as much other food, vegetables, etc, as he could take, and other auxiliaries to the cure were employed, e. g. the administration of cod liver oil, the use of turpentine and eucalyptus-oil inhalations and plenty of fresh air. The results obtained he claims to be very satisfactory, although, in the presence of the other means of treatment employed how far these are to be ascribed to the overfeeding is a question to which various answers may be given, although, in anticipation of such an objection, he states that the method by overfeeding, was only commenced after the usual remedies had been tried for months without avail. Improvement soon set in, appetite was increased, diarrhea was stopped, and cough and expectoration relieved and diminished. A good effect on the fever and the night sweats could only be observed in a few cases.

[Much has been recently written regarding alimentation in phthisis. The supply must at least equal the waste or the patient dies. It is not likely that "overfeeding" will be generally practiced, but certainly more may be done than usually is done toward furnishing the consumptive patient with easily digested nutrition. More than this, the plan of administering food at shorter intervals and in small quantities is worthy of consideration. Those remedies which during the last decade have contributed most to the relief and cure of phthisis are mainly nutrients in one form or another].

4. The Quantity of Baccilli in the Expectoration of Consumptives.

Dr. Zenkewitch, Revue de Médicine, as the result of fifty-one observations made in the clinic of Professor Mering, of Kiel, has determined:

1. That the quantity and quality of the expectoration have no influence upon the quantity of bacilli.

2. The statistics given by Balmer, Fraentzel and Pfeiffer, to show that during the last days of life of the patient the quantity of bacilli attains a maxium, are far from being exact.

3. The amount of bacilli in the expectoration does not depend upon the extent of the pulmonary disease.

4. It is proportional to the degree of fever which depends also upon the rapidity of the destructive lesions of the disease.

5. Bacilli do not have their origin in the expectoration, whence they penetrate into the pulmonary tissue, but the contrary fact obtains. The statement that they develop mostly in the pulmonary parenchyma (Balmer and Fraentzel) is at least very doubtful.

5. Dr. Pasteur, of London, affirms that a distinct engorgement of the superficial veins of the neck is presented when pressure is firmly applied over the liver toward the vertebra, in cases of tricuspid regurgitation. This distention occurs either with or without pulsation, independently of the movements of respiration. The impediment in the return of the blood is obviously caused by compression of the inferior vena cava, and it offers evidence of the tricuspid insufficiency.

6. Houchard, in an important essay, is careful to distinguish between the pseudo-anginal attack and the true form. He regards the disease as an affection of the heart and not a cardiac neurosis, and that the actual lesion is in the coronary arteries. To relieve the

blood pressure which always exists, he recommends that ergot and digitalis be avoided, but that such remedies as amyl-nitrite and nitro-glycerine, which cause vaso-dilatation, be given. He believes that an iodide, especially the iodide of sodium, is often effective in curing well defined cases and records his own experience. Out of twenty-five cases, fifteen fully recovered and six were much improved, while four received no benefit. The administration should be persevered with for months and even one or two years. Fifteen, and if needed, forty-five grains of the salt may be taken daily. [That such treatment is good is true, but in not a few cases more than this is needed. In severe ones absolute rest, and the best hygienic conditions are required, while in not a few Fowler's solution may also be given, though it is better not to combine it with the iodide. Notwithstanding the advice of M. Houchard, regarding digitalis, a very severe case under the writer's care, took with good effect, digitalis and the arsenical solution combined. There must be further and accurate observation in this field, for angina pectoris is not the least of the foes to human life. A recent writer (Journal of the American Medical Association, Dec., 1885) believes that Vanderbilt, Claflin, Storr, Hendrix and Gen. McClellan may have died from this cause, the latter two, each having endured, not long before death, an attack of cardiac neuralgia for hours. The probabilities are that the conclusions of Heberden, who named the disease and considered it a "spasm of the heart," will give place to those of Leyden, supported by Houchard, Balfour, Fothergill and others, viz., that angina pectoris is due to degenerative changes in the cardiac muscle dependent upon defective nutrition, in consequence of atheroma of the coronary arteries, or of valvular lesions.]

7. Laryngological Section of New York Academy of Medicine.

A meeting called for the organization of a Laryngological Section of the New York Academy of Medicine was held in the rooms of the Academy, on the evening of December 23, 1885, the President of the Academy occupying the chair. A valuable paper, entitled "The Surgical Uses of Electricity in the Upper Air-Passages," was read by Dr. R. P. Lincoln, and was followed by a discussion. Dr. Rufus P. Lincoln was elected President, and Dr. D. Bryson Delavan Secretary of the Section for the ensuing year, and a general plan of organization adopted. The interest in the Section manifested by the members present was gratifying assurance to its future success.

REPORT ON DISEASES OF CHILDREN.

BY I. N. LOVE, M. D.

At no time in the world's history have "children's rights" been recognized to the degree that they have been during the past two decades of the present century.

The best brains of the literary, artistic, manufacturing, commercial and parental circles have been and are being devoted to the amusement, instruction, decoration and general moral, mental, and bodily well being of our "household jewels."

There may be differences of opinion regarding the mooted question of "woman's rights," so-called, but all agree that the full and free rights of the children should be granted, and take unbounded pleasure in the knowledge of the fact that this is the "Children's Age," and that the "wellsprings of joy" and the "levers that move the world" at last have their day.

We would modify the lines of the immortal bard to read: He that hath not "a love of children" in his soul is fit for treason, strategem and spoils.

While greater attention is being paid to the amusement and education of the little ones than ever before, the medical profession, keeping abreast of the times, as it ever does, is recognizing, as it never did before, the importance of closely and studiously investigating the growing and developing child in health and disease, and liberally and labori-

ously collating the facts and knowledge obtained.

Some of the best minds in the profession to-day are engaged in this work, and the Jacobis, Smiths, Winters and Keatings, of our country, are refuting the old idea that to be a "baby doctor" was only one step removed from the traditional old woman of the sick room. As a matter of fact we deem no department of medical science more important than that which is engaged in the effort to prevent, mitigate and remove disease from our little ones; important from a humanitarian point of view, in that it is engaged in the relief of suffering of those who appeal in loudest tones to our sympathies and hearts, and who are least fitted for helping themselves and most dependent upon us; important from a scientific point, in that it requires close powers of observation and discriminating ability to properly diagnosticate the diseases of childhood and relieve the same; important from the standpoint of public good in that the work is of a character to ennoble, elevate and develop a healthful race of men, commencing, as it does, at the developmental period, demonstrating the truth of the old proverb, physically as well as morally, that "as the twig is bent the tree is inclined." Recognizing then, as we do, and as the profession is doing, the importance of this work, we propose to devote a considerable portion of our space to this department, and present, from time to time, cases and items of interest, and from month to month, special reports on the recent literature of the subject.

1. Infant Feeding. Brush, Proceedings of 80th annual meeting New York State Med. Society, Feb. 2, '86. (N. Y. Med. Record.)

2. Action of Chlorate of Potassium. London Med. Record.

3. The Treatment of Cholera Infantum. Therapeutic Gazette.

4. Infantile Rheumatism. Cincinnati Lancet and Clinic.

5. Phimosis in Children. Dr. De Forrest Willard, Archives of Pediatrics,

6. Antipyrine in Children. Therapeutic Gazette.

7. Icterus Neonatorum. Archives of Pediatrics.

8. Scarlet Fever From the Cow. British Med. Jour., Jan. 30, '86.

9. The Treatment of Infantile Convulsions by the Tincture of Belladonna. Therapeutic Gazette.

10. Archives of Pediatrics.

11. Babyhood.

1. Infant Feeding.

Dr. E. F. Brush, of Mount Vernon, read a paper with this title, and pointed out some simple methods of feeding an infant when it had been deprived of the breast. He urged the value of simple foods in preference to the so-called "patent foods," the composition of which was often unknown. He had examined the composition of the once famous "Liebig's Food for Infants," and of another popular food, and indicated the dangerous amount of alkali contained in them, citing Dr. Jacobi's warning that "we are not very careful in doses of alkalies in general," and Dr. Stillé's remark that alkaline treatment "lessens the amount of fibrin in the blood." He showed, by the figures furnished by one of the advocates of peptonized food, that the results of such feeding were not satisfactory. Proceeding, then, to the immediate subject of his paper, he stated that one of the greatest elements of failure in the artificial feeding of infants was the desire to give one sort of food alone under all circumstances, and hence the blind prescription of patent foods. He advised, on the contrary, the preparation of foods from simple articles to meet the requirements of each case as it arose. When with the food thus prepared there was a failure, the physician at least knew what the failure arose from. Commencing, then, with the child at birth, the author gave his formula for the best substitute for colostrum, and his further treatment if the cathartic effect was either excessive or defective. He then discussed the question of the best staple

food. He had no hesitation in saying that it was cow's milk, which, however, was subject to many conditions that rendered it unfit, unless due care was exercised. In 1879 he had pointed out the difference between the milk of the ruminant and non-ruminant animals as regarded particularly the quantity and quality of the casein contained in them, and the difficulty experienced by infants in digesting a milk intended for calves. When an infant vomited a hard curd, the indications were that the milk must either be prevented from coagulating in the stomach, or coagulated and broken up before entering the stomach. He showed that it was inadvisable to use an alkali, and therefore preferred the latter course —that of coagulating and breaking up the milk before giving it. In other cases he recommended the addition of lime-water as the safest agent, as it did not, like other alkalies, keep the stomach in an alkaline condition, nor cause an acid condition of the intestines. In case of diarrhea in children fed on milk, the indications were to stop the milk immediately. The milk was usually the cause of the trouble, and it was rendered unfit by the physical condition of the cow, such as rutting, gestation, the ingestion of poisonous herbs, cruel treatment, and the like, to all of which states many cases of diarrhea in infants could be traced. In these cases of diarrhea he recommended oatmeal water, which his analysis had convinced him was somewhat similar to milk in composition. He insisted on the necessity of the medical attendant himself preparing or teaching the preparation of these simple foods. In all cases the child should be put back on its ordinary milk diet as soon as possible. As to the kind of cow best adapted to supply milk, he preferred the common grade cow to the Jersey or fancy breeds. The latter were of a tuberculous tendency, the fat in the milk was not sufficiently emulsified, and they were of an excessively nervous temperament while the common cow ordinarily was gentler and a good feeder. She should always be stall-fed. When milk was bought, that of one cow should always be avoided. In cases of constipation, raw malt-water, carefully prepared as a diluent of the milk, was efficacious.

Dr. Jacobi said that the tendency of cow's milk to coagulate in a very hard curd could be overcome by a method which he had some years ago learned from Dr. Loomis. It consisted in adding half a teaspoonful of dilute muriatic acid to a pint of water, mixing this with a quart of milk and then boiling. The taste was pleasant, and coagulation would take place in fine particles, as in woman's milk.

2. The Action of Chlorate of Potassium.

Reports of numerous cases of poisoning by chlorate of potassium have served to direct attention to the great danger which may accompany the uncontrolled use of this drug by the laity, and some recent experiments by Dr. J. Von Mering have served considerably to extend our knowledge as to the various actions of this salt. He finds that in the system, probably under the influence of carbonic acid, the chlorate of potassium becomes decomposed, with the gradual liberation of chloric acid which tends to reduce the alkalinity of the blood. When death results from the administration of one large dose of this salt, the result occurs as a sequence to decomposition of the blood, with symptoms of severe vomiting, profuse diarrhea, intense dyspnea, cyanosis and profound cardiac depression. On section post-mortem the blood is of a chocolate-brown color, whilst little alteration can be found in the appearance of the various organs. In a less acute form of poisoning, death results not only from an accumulation of oxidation products in the blood, but from the accumulation of these in the organs, especially in the kidneys, leading to the occlusion of the tubules and uremia. As a result of this, dyspnea and cardiac depression follow the changes in the blood corpuscles and gastro-intestinal disturbances are also usually severe, while delirium, coma and convulsions may likewise be observed. While the majority of cases of poisoning by chlorate of potassium do not terminate fatally, chronic poisoning by the salt is incredible. And, indeed, prolonged

ingestion of small doses of this salt, $\frac{1}{4}$ of an ounce to one ounce daily, has been followed by no injurious results.

The use of this drug should especially be avoided in fevers where there is already reduced alkalinity of the blood, and Von Mering condemns as especially dangerous to life the internal use of the salt in large doses in diphtheria. The author gives the following as the maximum safe doses, when the use of the salt is not altogether contra-indicated. For adults, thirty-grain doses, with a daily maximum of two drachms; for children aged one to ten years, 30 to 45 grains daily; and for infants not more than 15 grains daily, always given in divided doses.—London Med. Record, Dec. 15, 1884.

[We have for a number of years prescribed the chlorate of potash very sparingly, being impressed more favorably with other remedies of its class. We should indeed warn the laity against its use and in fact against the use of nearly all the remedies which go to fill up the average domestic medicine chest. Let us advise our patients to indeed "throw physic to the dogs," at least all that goes to fill up their family drug store, save and except that good, safe, reliable and healthful old-fashioned remedy of our mothers—castor oil. Let us educate them up to a knowledge of the fact that drugs are tools in the hands of the physician, as the lancet in the hands of the surgeon, intended to accomplish a certain specific purpose and must needs be handled carefully and skilfully or harm may ensue; and that the dealer who sells the one or the other or the patient who purchases it are equally unfit to use it save under the guidance and instruction of the physician or surgeon.]

3. The Treatment of Cholera Infantum.

According to Dr. W. Byford Ryan (Amer. Practitioner, May, 1885), the indications for treatment of cholera infantum are, first, to restore the blood-supply to the surface, thereby relieving the visceral engorgement; second, to maintain capillary action of the entire economy, thus helping to arrest extravasation of serum; third to give tone to the muscular and mucous coats of the bowels; and fourth, to supply proper nutriment. Dr. Ryan believes that these indications can be largely met by the use of belladonna, since belladonna, by dilating the superficial capillaries, will help to remove peripheral anemia. It will further tend to arrest secretion from the mucous membrane of the bowels, and by the anesthesia which it produces of these surfaces will help to remove the extreme irritability of the stomach and intestines, and thus do away with the prime factor in the causation of vomiting and excessive diarrhea. Dr. Ryan believes, and states that his experience supports that belief, that belladonna will in every case arrest both the vomiting and diarrhea at once, and that no child sick of this dangerous summer complaint, who has a fair constitution, need be lost if it have this treatment, combined with and followed by such tonic measures and nourishment as will suggest themselves to any intelligent physician. As the most suitable tonics Dr. Ryan recommends minute doses of nux vomica and arsenic.—Therapeutic Gazette, July, '85.

[In 1867 the late Dr. John T. Hodgen, of St. Louis, wrote a monograph upon "Sulphate of Atropia in Cholera" based upon the application of the remedy to hundreds of cases during the progress of the epidemic of 1866 and 1867. The remedy was administered hypodermically in doses from the $\frac{1}{120}$ to $\frac{1}{60}$ of a grain repeated as occasion would require. The conditions and indications to be met in cholera and cholera infantum are similar. Dr. Hodgen administered the atropia with a view to check the secretion and bring about a reaction from the condition known as collapse. The theory upon which Dr. Ryan recommends belladonna in cholera infantum is probably the same as that of Dr. Hodgen and is, I think, based upon sound therapeutical and physiological premises.

Dr. Charles Chassaignac, of New Orleans, reports several cases in the New Orleans Med. and Surg. Journal, Feb., '86, similar to those of Dr. Ryan, of Indiana, and probably more thoroughly demonstrating the value of the remedy, as a number of his cases received no

other remedy. Dr. Chassaignac says: The belladonna, we believe, must act chiefly by relieving congestion of internal organs and by its stimulating effects; it probably will prove very useful in cases where serous cerebral effusion is threatened, by rushing the blood to the entire surface, thereby relieving the tension on the passively congested cerebral vessels. It is besides of benefit by causing the infants to crave their liquid nourishment on account of the faucial dryness it produces, and by reason of the rapid absorption of such nourishment by the partially emptied vessels of the alimentary tract.

The dose, as given by the doctor, was two drops in a little simple syrup every two hours to a child six months old, the same to be given every hour, if necessary, and diminished in frequency after an effect was secured.]

4. Infantile Rheumatism.

A case of infantile rheumatism is reported by Dr. F. Hibbard, of Columbus, Ohio, in the Cincinnati Lancet and Clinic, November 28, 1885. The messenger who summoned him very hastily, informed him that the child was paralyzed. The doctor found a robust, five months old infant lying with lower extremities flexed and in a stiffened position; arms flexed with the fingers straight and dropping from the metacarpo-phalangeal articulation. The child had previous to the attack been playing in cold water, and by splashing had become thoroughly wet, remaining in this condition for a considerable time without change of clothing. Tickling of the feet produced a prompt response by the drawing up of the same, accompanied by evidence of acute suffering. Any movement of the limbs produced violent crying. There was no swelling of the joints, but a slight redness of the skin, most perceptible at the ankle joints. Temperature 104°. Hot applications to the joints and teaspoonful doses of a mixture of salicylic acid, glycerine and emulsion of acacia, every four hours until relieved, were prescribed.

On the following day all soreness had disappeared, and the doctor found the child playing. [This was no doubt a case of acute articular rheumatism, and it would be interesting to know whether there was any hereditary predisposition or not. The early favorable termination of the case was another illustration of the advantage of prompt and proper interference in the acute diseases of childhood. The occurrence of the disease at so early an age is unique, but, given an infant with a congenital predisposition to the disease, or an excess of uric acid (?) in the blood and a proper culminating cause, there is no reason why this disease might not manifest itself at as early an age as syphilis or tuberculosis.]

5. Adherent and Contracted Prepuce or Phimosis.

This condition is thus referred to by Dr. De Forrest Willard, in an article on Surgical Treatment of Infants in Archives of Pediatrics, October, 1885.

Dr. Willard says: Phimosis has been the subject of much comment and discussion in regard to its causal influence upon certain nervous manifestations. My views upon this subject have already been published (Philadelphia Medical Times, June 30, 1883), and after two years of additional experience, during which time I have been brought daily in contact with this class of cases, I can reiterate what I then stated, namely, that while more or less adhesion is an almost constant and normal condition, yet that when urinary, choreic, paretic, or any other nervous symptoms develop, a careful investigation should never be omitted, since a direct relation will, in a certain number of cases, be clearly evidenced, and removal of the cause will speedily cure the manifestation. The fact that even circumcision does not relieve the symptoms is undoubtedly true in many instances, and I have never claimed that preputial adhesion and narrowing was anything more than one of several factors which should be carefully scrutinized. I have only urged that its influence should not be overlooked, and when so simple an operation as stripping the prepuce from the glans by the thumbs, or possi-

bly by the use of a probe, is all sufficient, there can certainly be no argument against removing this one factor. My opinion in regard to the feasibility of drawing back the prepuce in young children, even when the opening seems scarcely a pin-hole in diameter, has been greatly strengthened, and circumcision is only necessary when the simpler method described fails to secure a prepuce freely movable over a normal glans. Dilatation even is but rarely required, a few moments of continuous pressure soon revealing the mucous layer, adherent, perhaps, just about the meatus, which, when loosened, permits the head to pass through the opening, and the corona is freed with the thumbs. Should temporary paraphimosis occur, two probes or a hair pin slipped beneath the constriction will easily permit replacement. [There can certainly be no argument against the removal of this one "factor," namely, preputial narrowing, but there is a serious doubt in our mind, whether the mild course suggested is a desirable one. It may be sufficient to remove the obstruction and obviate the difficulty for the time, but we are strongly of the opinion that in all cases of this character the more heroic yet simple operation of circumcision is demanded on moral grounds, as well as physical. It is a generally accepted opinion by the profession that more than one of the old Mosaic laws was based upon sound scientific and sanitary principles. The "drawing back of the prepuce in young children, even when the opening seems scarcely a pin-hole in diameter," may be generally feasible, "dilatation being rarely required," and in that case, a few moments of continuous pressnre may successfully expose the mucous layer and permit the head to be pressed through the narrow opening (though, as the writer suggests, temporary paraphimosis may occur, but can be easily relieved) but as the result of this temporizing we have still remaining that undesirable condition which it should be our object to remove radically, a sensitive hypersecreting glans and prepuce difficult to keep clean, and the very retraction and exposing of which, on the part of the nurse or the child itself, in the efforts towards cleanliness, arouses and stimulates the very sensations, knowledge and feelings of the little one that it should be our desire to repress, not to speak of the chance of paraphimosis which is ever imminent and not easily relieved by the uninitiated.

In addition to the dangers of reflex nervous disturbances, nocturnal enuresis, balanitis, etc., of early life, produced by these long prepuces with contracted openings, there follow in later life the dangers from venereal exposure; these conditions serving not only as "clap traps," but also to render their possessors much more susceptible to inoculation from the more virulent virus, to which, as long as poor, weak human nature remains as it is, they are liable to be exposed.]

6. Antipyrine in Children.

The therapeutics of the diseases of children leaving yet so much to be desired, any suggestions or improvements respecting them cannot but claim our particular attention. Dr. Demme, the well-known authority in this field, has advanced some valuable facts regarding the employment of antipyrine in infantile diseases. The antipyretic properties of antipyrine, so well established through recent experimental and clinical observations, he holds, act equally promptly in children. The fall of temperature following its use he found to be often rapid, rarely exceeding a lapse of two or three hours, the resulting apyrexia extending often over more than twenty-four hours, with a very gradual rise, in which respects it contrasted favorably with other antipyretics, especially with kairine. In erysipelas and rheumatic polyarthritis, antipyrine appears to exercise an almost controlling influence over the pathological processes, claiming especially in the latter affection, like salicylic acid, the character of a specific remedy.

Unfortunately, antipyrine causes a certain degree of cardiac depression, forbidding its exhibition in the graver types of diphtheritic infection, and in enfeebled individuals gen, erally. Otherwise the drug is well tolerated-

even at a very tender age, interfering with neither appetite nor digestion. Vomiting has but rarely been noticed, nor, according to the statements of older children, is it followed by the well-known symptoms of cerebral congestion which result from the ingestion of quinine and salicylic acid. The moderate diuresis observed after the administration of antipyrine is an additional recommendation for its use. A careful attention to the dose seems indicated in consideration of its depressant action on the heart, as previousiy intimated. Demme recommends three doses per diem, the first of 3½ grains, the second of 2½ grains and the third of 1½ grains.—Fortschr. d. Med. Bd. II., No. 21.

The results of clinical trials of antipyrine in the hands of other investigators seem all to confirm the therapeutic value claimed for it, especially in the treatment of affections of childhood. The following résumé of its action abstracted from a paper by Dr. Penzoldt (Deutsche Medizinal Zeitung, 101, 1884) is intended to represent our present knowledge and experience regarding the drug. He advances the following seven points:

1. Antipyrine must be regarded as a remedy well indicated and appropriate in febrile affections of children.

2. In proper doses the drug causes a reduction of febrile temperature amounting to several degrees (Reaumur) and lasting several hours.

3. Reduction of the rate of pulse does not always correspond with the degree of reduction of the temperature.

4. The effects on the feelings generally, are usually favorable.

5. Occasional vomiting was the only unpleasant symptom ever observed after its use. If vomiting occur persistently, administration by the rectum is to be resorted to.

6. As regards the dose, as many decigrams (1½ grs.) are to be given hourly for three consecutive hours as the child counts years; this quantity is to be increased if it prove insufficient, as will often be the case in small children. An enema may be of a strength of from three to six times as many decigrams as the child counts years.

7. The organism, in a prolonged employment of antipyrine, appeared but rarely to become habituated to its use.

So also Dr. Argutinsky, of St. Petersburg, has further tried antipyrine in five cases of croupous pneumonia in children ranging between four and eight years of age. The drug given as a powder dissolved in water was readily taken, well borne, caused no unpleasant symptoms, but little sweating.

Vomiting occurred twice out of twenty-five administrations of the drug, general malaise but rarely. A general reduction of febrile temperature followed usually within three hours and amounted to two degrees (R.); at times the temperature fell below its standard in health, without causing, however, any symptoms of collapse. An improvement in the subjective symptoms invariably took place. The pulse under the influence of the drug grew stronger and more regular, but did not vary in rate so quickly as the accompanying fall of temperature would apparently warrant. The subsequent rise of the temperature is not so rapid as in kairine, but is gradual, extending over half a day or more; thus the absence of rigors is easily accounted for. Regarding the dose Argutinsky advises the drug to be given to children as follows:

½ to 1 year, 3 grains every 3 hours.
1 to 3 years, 5 grains every 2 or 3 hours.
4 to 5 years, 6 to 7 grains every 2 hours.
6 to 8 years, 8 to 9 grains every 2 hours.
10 to 12 years, 10 to 12 grains every hour.

He regards three doses through the day as quite sufficient.

Nine further experiments which the author instituted with the drug on healthy children, are also very interesting. Antipyrine reduced the normal temperature one to one and a half degrees (R.); the maximum of the fall appeared at night, i. e., the time when the daily variations reach their maximum. On the normal daily variations the drug appeared to exercise no influence.—Therapeutic Gazette—[Antipyrine is undoubtedly a valuable addition to our medical armamentarium, and we will, I

believe find it nowhere and in no class of cases of greater value than in the high grade fevers of childhood. The opportunity has not offered for its application to a large number of cases of children, as yet only two: one of severe scarlet fever, and one of typhoid fever, and in both it acted admirably. Ten grain doses twice daily accomplished the desired result of reduction of temperature, with no discomfort to the patient. The drug is much pleasanter of administration and more agreeable in every way than quinine. In regard to the seventh point in the deductions of Dr. Penzoldt, referring to the dose to be given per rectum instead of per os, he suggests that it be from three to six times as large. This I believe to be an excessive increase. I am very partial to rectal medication as well as rectal alimentation, and have been practicing it largely for the past five years. The successful absorption of the materials injected into the lower bowel depends largely upon its condition of emptiness, and cleanliness, and also upon the hungriness, if you please, of the tissues. These conditions should always be determined before the administration of the enema. Under no circumstances I think, should we administer more than double the amount by the bowel that we would per os, and in the case of many drugs the amount should be increased very sparingly.]

7. Icterus Neonatorum.

Ashby, in a short communication on this subject, calls attention to a theory recently advanced by Quincke, who maintains that the icterus is due to a persistence of the ductus venosus. During fetal life the blood contains little or no bile pigment since scarcely any enters the intestine. After birth it is poured out in large quantity. Should there be any delay in closure of the ductus venosus, a certain amount of the portal blood containing bile passes directly into the general circulation causing a more or less intense jaundice; which persists as long as this remains patent. Dr. Ashby thinks this view accords better with the facts than any other hypothesis yet advanced. If true it will explain the fact that weakly and immature children are more liable to jaundice than others, because in them the duct would be larger at birth and would tend to persist longer. Pulmonary obstruction from atelectasis and other causes producing stasis on the right side of the heart, and as a result passive congestion of the liver, by increasing the pressure in the liver would also tend to keep open the ductus venosus. In one case in his own practice an infant had jaundice on the second day and died on the eleventh. The autopsy showed the ductus venosus open wide enough to admit an ordinary grooved director.

8. Scarlet Fever From the Cow.

A report has been recently presented to the Marylebone Vestry by Mr. A. Wynter Blyth, which suggests some important questions upon the origin of scarlet fever; and the facts, when fully elucidated, will be of interest, not only to dairymen and drinkers of milk, but also to pathologists and physicians. The report is as follows:

"The following is a brief epitome of an epidemic of scarlet fever and sore throat, apparently produced by infected milk. On December 14th, I received a communication from Dr. Hickman, to the effect that there were several cases of scarlet fever in Dorset Square. I at once personally made investigations, and found that the only connecting link between the various households was a common milk-supply. Previously to this sudden outbreak, there had been remarkably little scarlet fever in the parish. I had, however, on December 9th, caused to be removed to hospital a lad suffering from scarlet fever, one of the milk-carriers at the dairy whence the sick families obtained their milk. The first impression was that this lad had in some way contaminated the milk; but this supposition was speedily excluded, for a number of cases had occurred several days before the lad was taken ill, and the whole evidence clearly showed that the lad was infected by the milk, and not the milk by the lad. The dairy, which may be conveniently called 'Dairy A,' derived its supply

from two sources—namely, sixty-three barn-gallons from a large farm in the parish of Hendon, and a few gallons from Swindon. I telegraphed to the Medical Officer of Health at Swindon for information, and as quickly as possible visited the farm at Hendon. I will at once put the Swindon supply on one side, for it was ascertained that some of the sufferers never had the Swindon milk at all, and the whole evidence subsequently obtained was of a negative character, so far as regards this small part of the milk supplied by 'Dairy A.' The Hendon farm is one of the model type, with excellent drainage and water-supply. The milk-produce of the farm was distributed to three retailers, A, B and C. 'Dairy A' took 63 barn-gallons daily, B (St. John's Wood), 20 barn-gallons, and C (Hampstead) 67 barn gallons daily. All three had the milk from different sheds. At the date of my visit (December 15th), I ascertained, from a personal examination of the milkmen, that there was not, nor had there been, any scarlet fever, sore throat, or other infectious malady on the farm. In this inquiry, Dr. Cameron, the medical officer of health, gave active and valuable assistance, and visited each of the laborer's families, so as to be certain that true statements had been given. Nevertheless, I was far from satisfied, and still less satisfied when, by a mere chance, I heard a rumor of a family, deriving milk direct from the farm, suffering from scarlet fever. I obtained, with a little trouble, the particulars, which were briefly as follows: Five cases of scarlet fever had occurred almost simultaneously, on or about December 3rd, in a household at Hampstead, no scarlet fever being at that time in the immediate neighborhood. The cause of the attack was to the sufferers a mystery. They had their milk supply direct from the Hendon farm. Dr. Power afterwards elicited the important fact that this milk was derived from the same shed which supplied 'Dairy A.' The evidence on December 17th relative to the infection, in some way or other, of the Hendon milk, was strengthened by other facts, and I felt it my duty to make a strong representation to the proprietor of 'Dairy A,' requesting him, in the public interest and his own, to at once cease retailing the Hendon milk. He did so, and a very instructive event followed. The very milk that would have been delivered in Marylebone was in part thrown away, and in part given to poor people in the neighborhood of Hendon farm. Within a few days, eight of the families partaking of this milk were struck down with scarlet fever. On the same day on which the milk was stopped, I had all the cans disinfected. They were taken to the stone yard in carts, packed in the hot-air chamber, submitted for many hours to a temperature of 250°, and finally washed with hot water and soda, under the careful superintendence of Mr. Phillips. Too much stress can scarcely be laid on the fact that, after stopping the supply from Hendon and disinfecting the cans, there was no fresh infection of the customers of this dairy. With regard to 'Dairy B,' deriving milk from the same farm, but from a different shed, I could discover no illness among the customers until December 27th, when in one household a suspicious case occurred, and I then stopped the Hendon supply in this direction also, and had the cans disinfected. Considering that the sudden withdrawal of two outlets for the milk produced at this farm would be likely so far to disturb the existing arrangements that the sound and unsound milk would be mixed together, and moreover, that it was certainly being distributed in other parishes, I felt it my duty to communicate with the medical officers of health of Hampstead, St. Pancras, and Paddington, and also with the Medical Department of the Local Government Board. Dr. Buchanan, seeing the importance of the epidemic, the more especially as the facts already detailed seemed likely to throw light on the genesis of scarlet fever, at once deputed Dr. Power to investigate the matter. Dr. Power entered on the task with great energy and specially directed his attention to the state of the cows in the different sheds. The result of this examination will be published in due course. I will only say now that certain of the cows are

'suspect;' and that one, the appearance of which was least satisfactory, has been bought, and conveyed to the Brown Institution, and Dr. Klein is making experiments with the milk and other secretions. There have been in the parish, between the dates of December 1st and December 29th, sixty cases of illness having this one thing in common, that the patients had drank milk from one or other of three dairies getting their supply from Hendon. During the whole month, there have only been three cases of scarlet fever in which the connection with one or other of the dairies is not fairly clear. Some of the sufferers have had simple sore-throat, others a slight attack of scarlet fever; a few have had a severe attack; in one case (Dairy C), death resulted. Some interesting facts have been ascertained as to the period of incubation, which seems in a few cases to have been very short. For example, a child living in the parish of Paddington came to see an uncle near Dorset Square, had some of the milk from Dairy A, and in two days the symptoms appeared. In another case, a young gentleman came from a military college, where there was no scarlet fever, drank some of the milk unboiled, and on the third day sickened with a mild attack of scarlet fever. Those who drank no milk save that which had been boiled were not attacked, and most of those who merely took a little milk in tea or coffee escaped. Children taking considerable quantities of lukewarm or unboiled milk, and adults drinking raw milk, form the bulk of the cases. Several instances of infection from the cream occurred, and I have reason to believe that the disease-influence was in a more concentrated form in the cream than in the milk. This report is necessarily incomplete; for the full history will not be known until Dr. Power publishes his report, and gives the details relative to the cases in the parishes of Hendon and Hampstead, infected either directly from the farm or indirectly through 'Dairy C,' together with the results of the examination of the cows and Dr. Klein's experiments. I believe that we are on the eve of seme very important discovery as to the origin of scarlet fever. In conclusion, I must specially point out the great obligation the public are under to Dr. Hickman for his prompt information to the sanitary officers, thus enabling what might have been a serious epidemic to be arrested at its commencement."

[Mr. Blyth is fully justified we hope in the belief that we are on the eve of important revelations as to the origin of scarlet fever. If a "second Jenner" establishes a similar close relationship between scarlet fever and the cow as the first did between variola and the same animal our obligation will know no bound.]

9. The Treatment of Infantile Convulsions by the Tincture of Belladonna.

Dr. Droux (Bulletin Générale de Thérapeutique, May, 1885), reports a number of cases of infantile convulsions which he cured by the administration of the tincture of belladonna, a treatment which he has found to succeed in all cases of this disease where the convulsions are not distinctly due to dentition or to disorders of digestion. He draws the following conclusions as embodying the results of his observations:

First.—Given in very small doses between the attack of infantile convulsions, the tincture of belladonna may serve to prevent subsequent attacks.

Second.—The tincture of belladonna will not serve to cut short a convulsive seizure when it is administered during the attack itself; it only acts as a preventive measure.

Third.—The tincture of belladonna is useless in infantile convulsions due to dentition; in such cases chloral will be found of the greatest benefit.

[Children have an unusual toleration for belladonna. Dr. H. W. Fuller, (Medical Times and Gazette July, 1859, p. 95) of London, reported the administration of large quantities of the drug to children suffering from chorea. Quantities were administered to a large number of children which could not have been borne by an adult. This same toleration for large doses of mercury on the part of children obtains. Nevertheless it is a safe

rule to administer small doses always until the susceptibility of the patient is determined.]

10. A proper report on recent progress in the department of diseases of children, cannot be made without attention being called to the "Archives of Pediatrics," a journal devoted exclusively to this subject, now beginning its third year of publication. The fact that it was established under the direction and management of Wm. Perry Watson, J. Lewis Smith, J. M. Keating, Jerome Walker, F. Forchheimer and other able specialists, both at home and abroad, determined its success from the outstart, and we congratulate ourselves, our profession, and our babies that each succeeding number bears out the promise made to the profession upon its first issue.

11. Last but not least we draw attention, as an evidence of progress and good to our department, to "Babyhood" a magazine for mothers; devoted exclusively to the care of infants and young children, with Dr. Leroy M. Yale, of New York, as medical editor, and Marion Harland in charge of "General Nursery Topics." "Babyhood" does not attempt to make every mother her own family physician, but rather to make of them better mothers and nurses than they otherwise could be. All the little points and information so necessary to the well-being of the babies as well as the comfort of the conscientious mother are herein contained, and the physician, as the health guardian of the family, can, in these rapid, busy days, save much time in answering all queries of anxious and knowledge searching mothers by advising them to subscribe for Babyhood.

CONTRIBUTION.

PEROXIDE OF HYDROGEN IN SURGERY.

BY J. S. GEIGLEY, M. D., CANTON, ILL.

Some months ago, at the suggestion of a medical friend, I began the use of this agent in an obstinate case of suppuration of the antrum of Highmore. Since then I have used it in a number of suppurative difficulties, with such flattering results, that I feel constrained to make a brief report of a few of the same, hoping that they may suggest a more extended field of usefulness for a drug which, in my humble opinion, is destined to occupy a place in the front rank of positive agents.

Although discovered in 1818 by M. Thenard, a French chemist, it was not until 1858 that it was introduced to the profession by Dr. B. W. Richardson, who prescribed it in chronic bronchitis, laryngitis, diphtheria and strumous cases. But it was not until very recently, indeed, that its value as a pus destroyer and antiseptic of a high order was known or appreciated. As far as I know, Dr. Bettman was the first to describe its peculiar action on pus, which indicated its use in purulent inflammation and abscess. Since his report, however, a number of others have testified to its efficiency in the treatment of abscess of the middle ear especially.

Peroxide of hydrogen is a chemical compound with a formula of $H_2 O_2$. It is merely a saturated solution of oxygen in water, and was formerly called oxygenated water. It is a very unstable compound, and cannot be kept pure. The article usually sold under the name of peroxide of hydrogen is nothing more nor less than a 6 or 10 per cent solution. But these will keep for a considerable length of time, if the containers be well corked and kept in a cool and dark place. As a germicide, antiseptic and deodorizer, peroxide of hydrogen is unsurpassed. It is perfectly non-toxic, and can be used ad libitum in any locality. But its especial value lies in its pus destroying qualities. When a sufficient quantity of the compound is brought in contact with pus, chemical action takes place, accompanied by effervescence. The reaction is this. The H_2S, contained in the pus, unites to form $H_2 SO_4$ and water. $H_2S + 4 H_2O_2 = H_2 SO_4 + 4 H_2O$.

If $H_2 O_2$ be applied to a suppurating surface until effervescence ceases, or until the fluid comes away clear, the surface will be found to present a glazed appearance, due to the action of the sulphuric acid formed during the reaction described above. Applied to a foul ulcer, it not only cleanses it immediately, but its power as a deodorizer is at once made manifest; and what a moment before was a foul smelling sloughing mass, is at once made sweet and clean, and is in the proper condition for a sponge graft or other dressing. In purulent nasal catarrh or ozena, the nasal cavities may be cleansed in a few minutes of all crusts and accumulation of pus by the application of a spray of the peroxide of hydrogen. As a local application in ulcerative sore throat, it is unsurpassed; it may be used either as a gargle or in spray. In diphtheria the

compound will certainly be valuable; as yet I have had no opportunity to test it in this disease, but, according to late reports in the journals, it dissolves and removes diphtheritic patches with great facility. In this disease, as well as in true croup, I firmly believe that peroxide of hydrogen will accomplish results that have never heretofore been attained by any other drug. I am aware that this is a very sweeping assertion to make, and had I not had ocular evidence of the action of the compound in the latter disease, I should certainly hesitate before raising hopes that were not likely to be realized after a more extended experience with the drug in this affection.

On Dec. 21, 1885, I was called by Dr. Harris the attending physician, to see Ernest Mariner aged 4 years, who had been suffering from an attack of true croup for four or five days. The little fellow was in great agony clutching at his throat and tearing at the clothes in his frantic efforts for breath. The larynx reminded one of a piston rod in its rapid excursion up and down the neck; his efforts at respiration could be heard from any part of the house. The blood was rapidly becoming hypercarbonized, as was evidenced by the blueness of lips and finger nails. Inspection of the throat, showed the tonsils tumefied and covered with yellowish white patches. That the larynx was rapidly becoming occluded by false membrane was plain. A rattling or flapping sound could occasionally be heard, as if a portion of the membrane were loose in the trachea.

As the orthodox treatment for such cases had been fully carried out in this, without much result, I proposed tracheotomy, which was at once assented to by the parents. After a few hurried preparations, the child was carefully anesthetized, and I proceeded with the operation which was without incident, until I opened the trachea, when he was seized with a violent spasm, and stopped breathing. Thinking the trachea might be occluded by a piece of membrane below the opening, I removed the tube and tried to clear the trachea with forceps, but all my efforts were fruitless, his struggles ceased, the limbs became limp, the corneæ were insensible to the touch, the blood began to settle about the lips and finger nails, and the pallor of death settled over the countenance. As a last effort I reintroduced the tube, placed my mouth to the opening, and by violent suction efforts, I was enabled to draw out several mouthfuls of pus and false membrane. When I was unable to get anything more, I filled the child's lungs to their fullest capacity with air from my own, and expelled it by pressure on the chest walls. This was repeated a number of times, when I was rewarded by seeing the child make a faint effort at respiration. My efforts were redoubled, and in five minutes I had the satisfaction of seeing him breathe freely and naturally, something he had not done for four or five days; he soon sank into a refreshing sleep, which lasted some time. For the next two days, the breathing was comparatively easy, a number of pieces of false membrane were coughed up both by the mouth and through the tube. A spray of lime water and glycerine was thrown through the tube occasionally, to assist in detaching the false membrane. Toward the end of the second day, however, the respiration became more and more embarrassed; the trachea was rapidly becoming filled up; various substances were sprayed through the tube but to no purpose; the lips and finger-nails became blue' the child would clutch at the throat, and several times succeeded in tearing out the tube. The obstruction was so low down that it was out of the reach of forceps. I was about to give up in despair. I thought of a pound bottle of peroxide of hydrogen that was in my satchel. I prepared the atomizer without loss of time, and threw a dram of the compound into the trachea. The effect was instantaneous; the white frothy material began to bubble out through the opening in the trachea, as well as through the nose and mouth. A violent paroxysm of coughing ensued, and a large quantity of false membrane and tough mucus was forcibly ejected through the opening and mouth, and the child breathed easily and freely at once. The lips and finger nails cleared up immediately, and the little fellow asked for nourishment, of which he partook with relish. I instructed the nurse to spray the trachea with the peroxide solution (peroxide of hydrogen three parts, glycerine one part) whenever the respiration was in the least embarrassed. These instructions were faithfully carried out, and the case progressed favorably. At no time was there any difficulty in the respiration, that the peroxide spray would not relieve, and I felt almost sure that the child would recover.

On the eighth day from the operation, however, at midnight, I was hastily summoned to the bedside of my little patient, and found him in a condition much the same as that of two days after the operation. Upon asking for the peroxide of hydrogen, I was horrified by the answer that the bottle was empty, for there was not a drop to be had in town, and it would be impossible to get a

supply before ten o'clock the next day. Although I did everything in my power the child quickly sank, and in a few hours was dead.

I am aware that some will say this is the usual history of these cases and the child would have died anyhow; but I firmly believe that with the application of the peroxide of hydrogen this last paroxysm would have been overcome, as had the others which were equally as bad. The child was not weakened from his illness as much as would have been supposed, for he had taken nourishment regularly and in sufficient quantities to maintain his strength from the time of operation until within a few hours of death. Now while it might be considered premature to draw conclusions as to the value of a drug, from the fact of its having acted favorably in a single case, still I could hardly help being convinced that as a solvent of false membrane peroxide of hydrogen stands without a peer, and that used after tracheotomy in croup or diphtheria the percentage of recoveries might be materially increased, and in the latter disease the high antiseptic qualities of the compound might prevent extension of the disease. Also the possession of an agent of this kind might encourage the earlier performance of the operation to facilitate the application of the remedy to the diseased parts, as it cannot be applied to the inside of the windwipe except through an artificial opening.

CLINICAL LECTURE.

MALIGNANT COLLOID CYST OF THE OVARY.

BY PROFESSOR WILLIAM GOODELL, M. D.,
OF PHILADELPHIA.

Delivered at the Hospital of the University of Pennsylvania.

Here is a case, gentlemen, that causes me much anxiety. I am in great doubt as to treatment This poor woman first noticed a tumor in her abdomen last July, since which time it has grown rapidly. Of course it probably existed before that time, but it then became apparent to her senses. Her legs are extremely swollen, and the whole surface of the abdomen is edematous. Now this edema means several things. When I make a vaginal examination, I find that the uterus is movable and there is no connection between the uterus and this tumor. When I examined the woman some days ago, in my office, I failed to detect fluctuation, but to-day I can get it quite plainly. I was led by my former examination to suppose that I had a colloid cyst of the ovary; that is a jelly-like material, wonderfully resembling calf's foot jelly. It may be variegated in color,and I have operated on cases where I have been compelled to scoop out this material, as it was too thick and too consistent to flow through any tube. When you start to make an examination of the abdomen for a tumor, always have the possibility of pregnancy in your mind and look first for it. This woman is fifty-five years old, and is therefore beyond the probability of pregnancy, but this we cannot say positively, for conception has occurred at this and even at later ages. But upon further questioning we find that the menopause occurred fourteen years ago, but even this fact must not make us positively discard the possibility of pregnancy. I find the cervix hard, while it is almost always soft in pregnancy, and when I pass the sound which I feel I can do with safety, it is found that the uterus is not enlarged. Then I go to the abdomen. Is this distention due to the accumulation of wind ? Hardly, when we take into consideration the presence of the edema, unless there be an accumulation of wind and also a tumor as well. The next point is whether this fluid is free or encysted. If it were free, the uppermost portion of the swelling would be resonant on percussion, for the intestines, which always contain more or less gas would float on top of the liquid. There may be exceptions, however, to this rule, as where the effusion is so great that the intestines cannot get near to the abdominal wall or where, as the result of peritonitis, they may he fastened down near the spinal column. In this case we find it very dull at the most prominent point, while there is resonance over the stomach and over the flanks. You will also notice quite a number of distended veins down here on the right side, which tell a tale; they indicate some impediment to the circulation. Then we have dullness in front and resonance in the flanks, while there is a prominent bulging, which we would not have if the liquid were free in the abdominal cavity, for it would then sag down on the sides. To my mind there is here fluid in a cyst. I once made a great blunder in a case like this. A woman came to the hospital who had been several times tapped for what a number of physicians had diagnosed as an ovarian cystic tumor. I lectured on it as a case of ovarian cyst, and pointed out how we had dulness in front and resonance in the

flanks, and indeed all the usual symptoms of ovarian cysts. I operated, and when the abdomen was opened I found that I had to do with a case of ascites. But how was the anterior dulness caused? The operation clearly revealed this. There was a malignant tumor of the omentum, which was two or three inches thick and hanging down in front, over the intestines, gave the dulness. Of course such a condition is unusual and could not be detected, but you should remember that such a thing may occur. I am quite confident but I would not swear, that this is a cyst; but what kind? The majority of these cysts are ovarian, but to tell you of another blunder that I once made, I will recall a case where I diagnosed a cyst as ovarian and commenced to operate. I had been working for half an hour before I discovered that what I had supposed to be ovarian was in reality a renal cyst. This woman is emaciated, she has an expression of great anxiety, she is sallow, her face wrinkled. Now I really wish that this poor woman had not come to me, for I consider her case a very hopeless one. I think this is a malignant colloid cyst of the ovary. I do not understand the presence of this edema unless we account for it by the pressure of a malignant tumor on the vessels. The very rapid growth also favors this view. Now, my duty here is to make an exploratory incision, empty the sac and remove it if I can. This operation I will perform on Sunday morning at ten o'clock, and I select this day and hour for a purpose. You must realize that surgical and ordinary cleanliness are two entirely different conditions. On Sunday morning I will have had a general bath, I will not yet have seen any patients, my assistant will not yet have visited the wards, I will have my Sunday-go-to-meetings on, and in a word I will be surgically clean. I dislike to work on Sunday and try to do as little as possible on that day, but still I consider it the best time to perform an operation that calls for extra cleanliness on the part of the operator.

Malignant Tumor of the Peritoneum.

This woman was sent here from the country for diagnosis. She tells us that she is forty-four years old, has been married twenty-six years, and has had eight children, the youngest of which is now nine years old. She has therefore been sterile since she was thirty-five years old. "Now, madam, when did you first go to the doctor?" "Two years ago." "Why, what took you there, what symptoms did you complain of?" "I had a bad spell, like colic, and when I went to the doctor he discovered a tumor." Her monthlies have been regular but they are scanty. "How does this tumor trouble you?" "I have colicky pains, from which I may be free for three or four days, when an attack will come on, but I cannot pass the wind." "Do you know what was done to relieve you?" "I was given morphine." Her bowels are costive.

Here now, when I grasp the abdomen and lift it up, I find a tumor in the wall of the abdomen. There it is, you can see the prominence; as I grasp it between two fingers you can see its width. The great swelling all over, independent of this tumor which I hold, is due to flatulency. The woman is very nervous and this causes the accumulation of gas. Some very prominent old physicians have been caught and deceived by this flatulency, which they have mistaken for tumors. When you find the resonance, you know that you have flatulence. A favorite move with me in these cases is to dip down deeply and grasp a mass of the abdominal wall, which I can raise up and thus eliminate from any implication in the tumor. Let us suppose a woman who has borne nine children and who has never made a mistake before, her stomach commences to enlarge and she believes herself pregnant again. The old family physician, who has attended her in all her previous confinements, and who has never known her to make a mistake, shares her belief; they wait; nine months go by; no baby comes; and they waken up to the fact that the child-bearing period has gone by and that the enlargement was a phantom or gaseous tumor. This was the case with this woman, the doctor once sat up with her all night, supposing from her colic that she was in labor. Now what is this tumor? She winces and makes complaint when I manipulate her abdomen, but I do not hurt her; she is in a high state of nervous tension. Now I will examine the uterus and I am done. The uterus is movable, but I was sure beforehand that the tumor had no connection with the uterus. I would say that we have here a tumor of the peritoneum, and I would also say that tumors of the peritoneum are dangerous, as a rule. I believe that this tumor is malignant. Now, what shall I do? All I can do is to cut it out, removing all the area involved; but this is a grave operation, and should only be undertaken after fully explaining the matter to the patient.

Cancer of the Stomach.—Removal of Polypi.

Here is a case where the diagnosis is very obscure. The woman, as you see, is emaciated to the last degree: she has lost a great

deal of flesh; her whole body looks as though she were in the last stages of an exhausting disease. She is fifty-one years old, and her menopause occurred three years ago. Her health commenced to fail about last September, before which time she was well. She then commenced to have pain in her back and in her right hip. She used poultices for this pain, but had no relief. "Why are you so emaciated?" "Because I cannot eat on account of the pain." The pain starts in the stomach and goes round to the back. Look at her hands and see what a lack of nutrition they evidence. For a long time she had had varicose veins, but has never has any discharge from the uterus. Now I will examine the abdomen very carefully. Let me call your attention to a peculiarity about her neck; there is a prominence with a beating, like an aneurism, which I take to be an enlarged gland located over a blood-vessel. I am inclined to think that this case belongs to the medical wards. The pain at the pit of the stomach (why it is in the hip I do not know) with the emaciation, the peculiar aspect, and the tenderness on pressure over the epigastrium, makes me think that the woman has a malignant tumor of the stomach. When I make a vaginal examination, I find the uterus about normal in size, it is plus two and a half inches, which is not too large for a woman who has borne several children; there is some fixation. Now, I find a small mucous polypus in the mouth of the womb, which, however, has nothing to do with her general condition. I use these fenestrated forceps, which will catch and hold the polyp; it is soft and will glide away from ordinary forceps. I have repeatedly, where there has been bleeding, dilated the os, slipped in these forceps, opened them and caught these polypi hap hazard; I have often removed them when I didn't know that they existed. This is a wrinkle for you: these polypi will often cause bleeding, and their removal will produce very good results. I remove this polyp because it is always right to remove them, and also to avoid the congestion which they are apt to maintain. It breaks into shreds which I remove by twisting.

Ovaritis, Possibly Syphilitic.

Here is a case that has puzzled us considerably. The woman is thirty-three years old, and when I ask her what brings her here, she tells us "pain in the side." I recall that she was here some months ago, and was subsequently transferred to the medical ward. There she underwent a variety of treatment, but the pain in her ovary still continued, and now she comes saying that she wants the ovary removed. Before undertaking this operation, I always have a clear understanding with the patient and obtain her full consent to remove both ovaries if, when I commence to operate, I find it necessary. Sometimes when you suppose that only one ovary is diseased, you will find upon exploration that both are affected. This woman's monthlies are painful to her. She has been married once, has had one child, and one miscarriage, which occurred eight years ago. This pain commenced after the birth of the child, and has persisted ever since. She is unable to work on account of the pain, and in sheer desperation comes for operation. Now, I dislike to perform an operation of any magnitude without being sure that I am right, that there is no possible error in diagnosis. The sound passes plus three inches. In the early part of the session I had before you a colored woman who improved wonderfully after the removal of the ovaries; from the very date of operation the pain vanished and has never recurred. I cannot feel the ovaries, but I have no doubt, from the other symptoms, that the pain is ovarian. I have already given this woman chloride of ammonium, bromide of ammonium, tonics and bichloride of mercury, but all to no good; she was and is complaining all the time. At one time it was supposed that we had discovered evidences of a syphilitic condition of the throat, for which she was given large doses of mercurials, which did not, however, have any effect on her ovarian condition. She has been here, hanging around, off and on, one of those cases that we couldn't dispose of. I am by no means sure that it would be right to operate. The connection of syphilis with the disease of the ovary is an interesting question. The woman has been asked and denies that she ever had syphilis, though she says she has had sore throat. But you can place very little reliance on statements in regard to this disease. Some will lie, and some are ignorant that they have had syphilis. Some years ago I had an unusually pretty woman coming to my office to be treated for retro-flexion of the uterus. She was wearing a pessary and would make weekly visits to have the roof of the vagina painted with iodine. After some months she complained one day of sore throat, which persisted, and as this was out of my line I advised her to go to a gentleman who made a specialty of the throat. Instead of this she went to one of our most distinguished surgeons who told her that she was suffering from blood poisoning, and a plumber was called in to overhaul the drainage of the

house, but she got no better. She came back to me, and I again sent her to the specialist. He found that she had an extreme condition of ulceration confined to the left tonsil, the right not being at all affected. Suddenly an efflorescence appeared on her body, which was supposed to be due to iodide of potassium that she was taking. I sent her again to the specialist, and wrote him: "Can it be possible that she has a chancre of the tonsil?" He took this view of the case and subsequent events proved that we were correct. Now, imagine my difficulty. I could not go and quiz the husband; for, if he were innocent, he would wonder what all the fuss was about, and a nice, full-blown family scandal would result. Well, the woman went down hill; she lost her hair, her beauty faded, and she assumed the "syphilitic mark," which you will see before you have been long in practice, and which when once seen you will never fail to recognize thereafter. I never told her what was the matter; I worked away at her, and to this day she is ignorant of the nature of her malady. She is now getting better, her hair has returned and her beauty is coming back. I do not know, nor do I care to know, how she contracted the disease.

Now, for myself, I do not look like a very ingenuous youth, yet some years ago I contracted a sore on my finger (no doubt from a vaginal examination) that made me, for a while, the most miserable man in Philadelphia. It obstinately refused to heal, and soon there came a swelling under the arm. I showed it to Dr. Agnew and he called it a chancre; I also showed it to a specialist just back from Vienna, where he had seen thousands of cases of syphilis, and he also called it a chancre. The third man who saw it expressed some doubt about its nature. If it was a chancre, it was non-inoculating, for I had no further symptoms. Dr. Agnew cauterized it with sulphuric acid and give me mercury, which I was unable to take as my system would not tolerate it. So you see this woman may have syphilis and not know it. When we have syphilitic disease of the ovary, I believe in giving mercury and pushing it. If I find that she is not syphilitic and this remedy does no good, I will operate on her. If she were rich I would use manipulation, combined with galvanism and faradism, which I have frequently used with good results in ovaritis that is not syphilitic; but this treatment is expensive and cannot be enjoyed by the poor. I have never yet had a case of syphilitic ovaritis, and if this proves to be such a case, it will be my first experience.

SELECTION.

LETTSOMIAN LECTURES ON SOME MOOT POINTS IN THE NATURAL HISTORY OF SYPHILIS.

Delivered before the Medical Society of London, 1886.

By Jonathan Hutchinson, F. R. S.,
Emeritus Professor of Surgery to the London Hospital College.

(British Medical Journal.)

Lecture I.—The Mutual Relationship of the Different Forms of Primary Venereal Sore.—The Causes of Phagedena in Primary Sores.—Hospital-Gangrene.—On Recurring Chancres.—On Different Forms of Bubo, and on Questions in Reference to Primary Syphilis.—Syphilis after Vaccination with Clear Lymph.

[continued.]

Second Attacks.—In 1839 Ricord made the important observation that a person who had once had syphilis was not liable to have it again. Although he believed that exceptions to this law were possible, and was anxious to admit them, yet, up to 1858, he had met with none which satisfied his mind. In the following year occurred the first case in which he himself witnessed and treated two attacks of undoubted constitutional syphilis in the same patient. The interval was nineteen years. Although with the profession generally, and even with the public, the good news that no second attack was possible, spread widely, I doubt whether it ever received the unquestioning acquiescence of any authorities. Diday recorded many exceptional cases, and thought that the second attack occurred when the first was incomplete, and in some sense supplemented it. Thus, if the patient's skin had suffered in the first and his mucous membranes escaped, the reverse would be the case in the second. Later on, Gascoyen and Fournier published many exceptional cases. I have myself seen many in which the patient's narrative was clear that he had had a former attack, and several in which I myself attended the patient in both. It is, I think, now generally accepted that second attacks after considerable intervals are not very uncommon; but, at the same time, that Ricord's law holds good in reference to a very large majority. The exceptions—that is, second attacks—are probably not more frequent than in the case of variola and measles.

Diday's supposition that they supplement the first has not been confirmed by other observers, nor does there exist any trustworthy evidence as to the nature of the modifications which they manifest. Sometimes they are very slight, and sometimes very severe; but exactly the same differences are observed between attacks which are the first which the patient has had.

As a rule, when a patient contracts syphilis a second time, it is after an interval of many years, and after, apparently, very perfect recovery. Neither of these statements is, however, absolutely true; I have seen a well characterized indurated chancre due to fresh contagion, within a year of the first, and before the patient was well rid of his symptoms. I have repeatedly seen them in those who still suffered from reminders of their former attack. It has been proved by experiment that in occasional instances fresh inoculations on patients suffering from syphilis may produce a certain degree of induration, although as a rule they fail. On this point, Mr. Lee has some valuable observations.

The Lettsomian lectures were delivered before this Society on the same topic as that I have now ventured to take, nearly thirty years ago, by one whose memory is regarded, I am sure, by not a few present with feelings of affectionate regret. Mr. De Méric, in dealing with the question of second infections, then spoke very strongly, and although he did not deny their possibility, affirmed that no reliable case was on record. This statement led to the publication, by Mr. William Allingham, of a case which had been recently under his observation, so extraordinary that I might have failed to give it the attention which it deserves, were it not that I have had, as just stated, in my own practice, one almost exactly parallel. A gentleman contracted a chancre in February, and took mercury until the hardness disappeared, but no longer. In May he had rash and sore throat, and again took a short course of mercury. Having left it off for a month or more, he returned in July with another chancre, which he believed to be the result of fresh contagion, which was not in the site of the former one, and which presented the most characteristic induration. This sore yielded but slowly to mercury, and was followed by rupia, and eventually by periostitis. It is obviously, in such cases, impossible to say whether or not the second sore is the cause of constitutional symptoms, or whether it in any way modified or augmented the effects of the first. It is always quite possible, after such a short period, that all that follows may be the result only of the first sore. I do not, however, see any reason why we should doubt that second attacks may complicate previous ones; indeed, I think I have witnessed facts which very strongly indicated that such a mixture had occurred. If it be objected that these second attacks, especially after such very short intervals, constitute a feature of clear departure, in the case of syphilis, from what we witness in the exanthemata, I must rejoin that we must not feel too sure of that. It is by no means certain that closer observation may not show that in these latter the specific poison of each is, in rare instances, capable of breeding again in the blood after very short intervals. Some of the facts as to vaccination certainly favor that suspicion. Be that as it may, however, we must take the facts as to syphilis as we find them; and candid observers will, I feel sure, not unfrequently encounter most startling exceptions to general rules.

I am precluded by want of time from mentioning cases of second attacks; for I should have to produce a considerable series, and their details are long. I may, however, venture to produce one, and may assure my audience that I have several in which the evidence is just as good. I attended, almost twenty years ago, a young surgeon for syphilis. The disease hung about him, and it was two years before he finally left off mercury. He then married, and had one or more healthy children. After an interval of about eighteen years, he came to me with a chancre on his upper lip, contracted, as he supposed, from a scratch by a broken vaccine-tube. This chancre was a very large one, and it was attended by a large bubo, and was followed by a most copious eruption. It was, indeed, one of the most severe attacks of syphilis which I have seen for some time.

Incubation-Periods.—It may seem strange that, after the amount of attention which the natural history of syphilis has received from many excellent observers, the length of the incubation period of chancre should still remain a moot point. The differences of opinion are, however, very great. Thus, Ricord said that induration occurs most frequently during the first or second week after contagion; never before the third day, nor after the third week. Sigmund, of Vienna, dealing with 261 observations, found only three with an interval as long as three weeks, and none with longer; whilst in as many as seventy-one it was only nine days. Other observers have given longer periods; and Mr. Berkley Hill, with unwearried love of accuracy, and making use only of experimental inoculations, has constructed for us a table

which seems to prove that the average period is twenty-four days, the extremes being ten and forty-six. This table comprises thirty-seven cases. Fournier and Clerc give it as twenty-one days. It is admitted that neither differences in the source of contagion nor in the part affected, make any difference in the length of the period during which the poison remains quiet. If I were to speak from my own experience only, I should be inclined to make the incubation period longer than any of the observations just quoted, and am obliged to admit that the statements of Sigmund and Ricord are almost inexplicable. I can only suppose that there has been some misunderstanding as to what phenomena constitute the limits of that period, or that it has even been counted, not from the date of the contagion, but from the first appearance of a sore. In this last supposition I am countenanced by Dr. Taylor, of New York, the very able editor of the last edition of Bumstead's work. If by incubation period we mean, as I contend we ought to do, the interval between contagion and the production of an induration which can be diagnosed, then I believe we shall seldom find it less than five weeks, and more often six. If we date to the first appearance of a sore, then it will be a week or ten days shorter, for the development of hardness takes that time. In these statements, we of course put aside the very numerous cases in which a sore is present almost from the first, the chancre having been a mixed one. To this class I would unhesitatingly assign all in which the period is said to be short, for it is not the fact that the soft sore always shows itself directly after contagion. I believe that the incubation-periods of uncomplicated infecting sores are far more regular than is supposed. When the data are obtained from the statements of patients, they are obviously exposed to much fallacy. Many and many a time has a patient, who had assigned a period so short as to be, to me, incredible, admitted, in cross-questioning, that he had also exposed himself to risk a few weeks earlier than the occasion he had mentioned. As regards unusually long periods, there is always the same doubt as to correctness of testimony. It will be seen that in Mr. Hill's tables of intentional inoculation, in no case was the period longer than forty-six days, or rather more than six weeks. No aberrant case, either in the direction of very long or of very short periods, that would bear investigation, has ever come under my own notice. I will briefly cite the following facts from my own observation, and leave them to make their own impression on your minds.

In a case of a medical man who vaccinated himself in the forearm from a syphilitic infant, the punctures which had quite healed, became irritable on the twenty-first day, and were well characterized chancres on the forty-first.

In another series of cases of vaccination-syphilis, eleven patients received the virus on the same day. In all, the punctures, or vaccine-vesicles, healed; and in all they became irritable at the end of the fifth week, and were well indurated at the end of the eighth. In a father and son, it was especially noted that the irritation at the site of puncture began on the same day.

The following cases are also from my own note-books.

1. A married physician, Dr. A., on one single occasion went astray. He carefully observed all that followed, and it was not till the forty-second day that a pimple under the prepuce was noticed. A chancre developed itself, and syphilis followed.

2. A surgeon of much experience gave me the following fact; the circumstance occurred to himself. He had intercourse of a suspicious nature on one occasion only. He observed nothing whatever on the penis until five weeks and three days had elapsed, when he found a small papule. This soon after became indurated, and was followed by secondaries.

3. About the same time I had another patient, who had a chancre after a single intercourse, and who alleged that he was certain that there was no visible sore until five weeks after the exposure.

4. A well-trained observer (M. B. Lond.) exposed himself to the risk of syphilis on a single occasion, on March 4th, and then anxiously noted the results. On the morning after connection, he had a little abrasion on the prepuce close to the glans. He used lead-lotion, and in three days it healed. It remained quite sound until the second week in April, when it began to look a little dusky. On April 17th it was decidedly swollen, and just beginning to ulcerate. On April 23rd it was definitely indurated, and showed in the centre a group of minute ashy-grey ulcers. At this date he had no rash, and no appreciable enlargement of the glands. There being not the slightest doubt that the induration was specific, I now directed him to take mercury. The course of events here illustrated is, I think, a very usual one. A small sore was noticed almost immediately after exposure, which healed in a few days. Then followed a four weeks' period of rest, and then inflammation about the little scar, and specific indu-

ration. It will be seen that seven weeks had passed before the induration was marked.

5. A young gentleman was brought to me by his uncle, suffering from syphilis. The first ailment had been gonorrhea, and soon after this was cured, and whilst he was still under medical treatment, a chancre had shown itself. His guardian said that he could forgive the lad having been led astray, but that he felt keenly his untruthfulness, for he persisted in saying that he had exposed himself to risk only once. The surgeon who had treated the gonorrhea had said that this story must be false, because he had during a whole month frequently inspected the penis, and was certain that there had been no trace of a chancre until five years after the advent of the urethral discharge. I was obliged to explain that I did not think sufficient allowance had been made for the incubation period, and that, in all probability, the lad's statment was correct. My assurance on this point not only did the lad an act of justice, but was a source of real gratification to his guardian.

6. In another case a young gentleman was exposed to risk of contagion but once. He caught a gonorrhea, which developed immediately. Nearly five weeks after the exposure two sores showed themselves on the skin of the penis, and one on that of the abdomen, between the umbilicus and the pubes. They all assumed the condition of large indurated chancres, and severe secondary symptoms followed.

Recurrent Chancres of False Indurations.—In connection with the doctrine as to second infection, it is very needful to appreciate the fact that chancres may recur. I believe that I was myself the first to draw attention to the very curious group of cases which illustrate this fact; but two years after my brief notice of it; and, quite independently, M. Fournier wrote a far more complete account of the phenomena. Briefly, it is quite possible, and not a very rare occurrence, for indurations to develop in the retrocoronal fold of the prepuce, which assume the most exact resemblance to hard chancres, but which are not consequent on any fresh contagion. They occur to those who have had syphilis, and usually, but not invariably, on the site of former chancres. They may happen repeatedly o the same individual, and cases in which this occurs afford the clearest proof that they are not newly contracted sores. They may occur at various periods after syphilis, but usually within five years. Thus they are not to be associated with the phenomena which are definitely tertiary; at any rate, not so in many instances. Nor do they, as a rule, resemble tertiary gummata in the tendency which the latter have to grow irregularly, and to a large size; nor do they usually break down or slough-like gummata. For the most, they retain throughout the most exact resemblance to the ordinary collared chancre, and they are often wholly without ulceration. For myself, I have never, with one exception, seen them in any other position than that mentioned, the fold of mucous membrane just behind the corona, the most ordinary position for the best characterized primary sores. No doubt the development has something to do with the anatomical peculiarities of this part. Under mercurial treatment they melt away very quickly, and they are, I think, rarely attended by enlargement of glands, and never followed by constitutional disease.

The case in which a chancre, not on the penis, recurred, was one in which disease had been due to vaccination. In this instance, about four years after the first disease, one of the scars, which had for long been perfectly sound, again inflamed, and became dusky and slightly hard at its edges. Mercury very quickly, as a rule, but not always, takes away these recurrent chancres, and they are not, I believe, usually attended by any other proofs of tendency to recrudescence of the constitutional taint. I have known at least one instance in which a gentleman had his chancre indurate again repeatedly during several years, and generally with about a year's interval between the attacks, and yet he remained otherwise in perfect health. I am not sure that, in some cases, the induration may not subside spontaneously, but I have never tried the experiment of leaving them without treatment.

I will relate, as an illustration of this occurrence, a case which I have seen this morning, and with the particulars of which you, Mr. President, are cognizant, for it was on your kind suggestion that I saw the patient. This gentleman, in 1882, had warts, which were cut away. He inoculated the wounds before they had healed, and had sores, which were followed by sore throat, loss of hair, and sores at the anus. For these he took specifics very mildly. Then followed three years of good health, and then a return of the chancres. At the present time, he has two small collar-chancres in the reflected prepuce. They are as hard as cartilage; one of them, he is certain, is exactly in the site of a former sore, but respecting the other he is not so sure. Circumstances, into the detail of which I need not enter, make him feel sure that he has not contracted fresh sores.

[TO BE CONTINUED.]

CORRESPONDENCE.

LONDON LETTER.

LONDON, Feb. 3, 1886.

Editor Review: Those who went to the meeting of the Pathological Society last evening, attracted by the promise of an evening devoted to cerebral tumors, must have been woefully disappointed if they expected to learn anything. The subject of the evening's discussion, viz., cerebral tumors, with especial reference to their number, seat and nature, was given out several months ago, and an unusually full meeting was the result.

When its was announced that clinical details were not desired and could not, except within limits, be admitted, I felt in common, no doubt, with most of those present that the last chance of an interesting evening was gone. The bare enumeration of the size, nature or situation of any particular tumor in the brain was, I knew, in itself of little importance or interest, and the result fully justified my gloomy forebodings. Most of those who had come prepared to speak, and they included some of our leading men, had evidently intended to dwell more on the clinical aspects of their cases than on the pathological, and so one after another the speakers got up and described their tumors as briefly as they could, and as none felt inclined to dispute or discuss the nature of the growth, for indeed in almost every instance it was the same thing, the tumor was an infiltrating glioma; the monotony of the debate was absolutely unvaried. There was but one opinion afterwards in the coffee room, viz., that the evening had been misspent and that we had learnt absolutely nothing.

The only case which made any impression on me, was one narrated by Dr. Samuel West, who contrived so far to elude the injunctions from the chair as to give his specimen some interest. He showed a large glioma complelely destroying one temporo-sphenoidal lobe, I did not gather which one, and spreading to a certain extent into the subjacent white matter. The man had been under observation for some weeks, and until within a very short time of his death had had no symptoms whatever of cerebral lesion, except aphasia, of the variety known as amnesic. He understood everything he was told and could repeat any word or sentence, however difficult, but certain words and especially nouns, he could not remember, and in illustration Dr. West told us that on one occasion, having made him fetch a particular can, he asked him what the name of it was, when, after a deal of consideration, the patient described it as something to put beer into, but could not name it. I believe, however, that the cases will be reported in full in the transactions of the society, when we shall be able to study the clinical details at our leisure. Whilst on the subject of brain tumors, I may as well mention that a new society has just been started under the auspices of the editors of "Brain", to deal with all matters of neurological interest, and as it has received very influential support, it is likely to be a great success.

It is pleasant to turn from this somewhat unsatisfactory meeting to two that were held last week, and afforded much better results. On Thursday last, January 28, at the Ophthalmological Society, the chief communication was by Mr. Nettleship, being a report of a case of death from meningitis after enucleation of the eyeball with a comment on all the reported cases of this most untoward event. An interesting and brisk discussion took place in which a very marked divergence of practice was displayed; the older speakers were unanimous in their obedience to Græfe's dictum, not to excise suppurating eyes; whilst the younger men, including such good names as Nettleship, Priestley, Smith McHardy, and others were, with the notable exception of Higgens of Guy's, equally unanimous in disregarding this law. There does not indeed seem to be any good reason why this dictum should be allowed to have too much weight; a suppurating eyeball will never be of any use, and it is the source at the time of intense suffering which is immediately and almost completely removed by its extirpation. Moreover, it is probable that the dangers which Græfe experienced in regard to removing eyes in such a state have been long ago abrogated by improvements in the methods of operating. It would, therefore, seem right that the rising generation should not allow themselves to be bound by a maxim which was framed under conditions very different from those which now exist. At the same time it must be admitted, as Mr. Nettleship was candid enough to mention, that these fatal cases would appear to have occurred only in the practice of those who disregarded Græfe's advice.

The other meeting to which I referred, took place at the Royal Medical and Chirurgical Society, on Tuesday of last week, when that well-known statistician, Dr. William Ogle, of Derby, read a paper on the mortality in the medical profession. The outcome of the paper was that his figures were, on the whole, more favorable than those either of Professor Casper or of Dr. Escherich. His paper, however, agreed with all those who have maintained that the death-rate in the profession is excessive as compared with other professions, and he further showed that of late years it has been extremely high in comparison with former returns. The following facts culled from his paper substantiate all these statements

at once. In 1860-61 the death-rate in our profession per 1000 was 23.63, in 1880-82 it had risen to 25.53. During this latter period the death-rate amongst members of the legal profession was 20.26, and amongst the parsons only 15.93. He then went on to show that the death-rate in our profession was above that of the general popula-in almost all the ordinary divisions except in the groups of phthisis, diseases of the respiratory organs and accidents, and that in respect of the latter, if certain very dangerous trades were excepted, our profession headed this list also. He also drew attention to the excessive mortality from cirrhosis and other diseases of the liver,from diseases of the urinary and digestive systems, as also from gout, alcoholism and suicide. The paper was plentifully illustrated by tables, and seems to me to be likely to be of permanent value. R. M.

P. S. Apropos of the two cases of chloroform poisoning so promptly and successfully treated, recorded in your pages a few weeks ago, it may interest some of your readers if I refer briefly to a case which is now under investigation by the coroner and which is likely to attract,a good deal of attention.

On New Year's eve a man died in lodgings in Pimlico, after a few day's illness, the symptoms of which, though by no means serious, had been such as to cause a suspicion that possibly some foul play had been going on. He died during the night when only his wife was in the room, and when the landlord of the house was called into the room his face was already cold. The wife's account was that both she and her husband had fallen asleep early in the evening, or at any rate before midnight, and that when she awoke she found her husband lying on his face and dead. Both the landlord and his wife (who had followed him into the bedroom) were surprised that the fire was burning so brightly, for it was four o'clock in the morning, if it had been left so long neglected during the night. A post mortem examination was made, when the body throughout appeared quite healthy, except the stomach, which showed marked signs of recent and acute inflammation and contained a dark colored fluid having a very powerful odor of chloroform. This and portions of the viscera were submitted to the well-known toxicologist, Dr. Stevenson, who yesterday gave evidence to the effect that the fluid contained five per cent of chloroform and that he found no other poison in the body but this. He concluded that everything pointed to the administration of a large and poisonous dose of chloroform, which he estimated had probably been over an ounce.

This is practically all the evidence that has as yet come to hand, and the inquiry stands adjourned till next week. That the deceased died from chloroform poisoning does not, I think, admit of doubt. He was in the prime of life, his age was 40, and was a partner in a successful business, and no reasons have as yet been forthcoming why he should have wished to take his own life, or, on the other hand, why his wife should have wished to get rid of him, for at present there seems no alternative to these suppositions. Possibly like the celebrared Bravo case some ten years ago, we shall not arrive at the true solution.

ITEMS.

—Naphthol as an Antipruritic.—Kaposi (quoted in "Union médicale," Dec. 15, 1885) recommends a five per cent ointment of naphthol for pruritus, of whatever degree of severity, with or without eczema. For adults, a friction with the ointment is made every night, and the part is then dusted with starch and covered with a light woolen fabric. Both the powder and the cloth are removed in the morning. For children between two and seven years old, a warm bath is given every evening or every second evening, the itching parts being at the same time rubbed briskly with a soap containing sulphur and naphthol. The child is allowed to remain in the bath for an hour; he is then washed with toilet soap, dried, and rubbed with a three per cent naphthol ointment. When decided relief has been produced, which will take place in from one to three weeks, it will be sufficient to resort to the frictions every second or third day.—N. Y. Med. Jour.

—The annual report of the Alexian Brothers' Hospital of St. Louis gives a most gratifying showing of the noble charity practiced by these devoted men. There were treated during 1885 a total number of 847 patients; of this number 289 were charity patients outright; 232 paid for their nursing etc., in part only, leaving but 326 patients that paid in full the reasonable rates asked.

—During the month of January, 1886, there occurred in St. Louis 649 deaths, an annual rate per thousand of 19.4.

Of the seven principal zymotic causes there occurred the following number of deaths: small-pox, 0; measles, 2; scarlatina, 23; diptheria, 45; whooping cough, 5; typhoid fever, 6; diarrheal diseases, 4. 857 births were recorded.

—During the same period, January, 1886, there occurred in Chicago, 968 deaths, an annual rate per 1000 of 18.43. There died of small-pox, 2; of measles, 5; of scarlet fever, 22; diphtheria, 78; whooping cough, 7; typhoid fever, 20; diarrhea, 12.

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IODOL—THE NEW ANTISEPTIC.

At the Strassburg Convention of Scientists, in 1885, there was first presented by Dr. Vulpius, of Heidelberg, and Dr. Wolff, of Strassburg, a substance of reputed antiseptic properties, styled iodol. It was claimed for the new preparation that it was to supersede iodoform in that no toxic effects followed its application, and in that the offensive odor of iodoform is absent. Dr. Mazzoni, of Rome, published in No. 43 Berliner Klinische Wochenschrift a report on the uses of the iodol in syphilis.

There is now presented us by Dr. Georg Benno Schmidt, of Heidelberg, a preliminary report on the surgical uses of iodol, as experimented with and determined at the surgical clinics of the university. The paper is contained in the Berliner Klinische Wochenschrift, January 25, 1886.

We learn that iodol is soluble in water in the proportions of one to five-thousand only. This circumstance limits its applicability to a good effect in this manner.

In alcohol iodol is soluble in three times the measure of its weight. The alcoholic solution is made turbid by the addition of water. But glycerin does not precipitate the alcoholic solution.

Iodol is soluble is an equal amount of ether; also to the amount of fifteen per cent in warm oil.

The substance consists of a light brown powder, of scarcely any odor. The chemists call it "Tetrajodpyrol."

The drug was used at Heidelberg, especially in the so-called "septic" wards, where suppurating wounds, ulcers, fistulæ, etc., are collected for treatment.

The iodol was used in the following forms:

1. As powder. It was freely dusted upon surfaces, just as iodoform is used. After the application a compress of acetate of alumina was laid over the surfaces. Not nearly so much iodol is needed as iodoform; the powder is very fine, and finds its way into the interstices quite readily, forming a delicate film. An excellent property appears to be that the iodol does not form a crust, an eschara, with the wound secretion, as iodoform does. The secretions are rendered odorless. Granulation is stimulated, but not to the degree that iodoform accomplishes. Necrotic ulcerative surfaces are satisfactorily cleansed.

2. A second mode of application was by solution of one part of iodol in sixteen parts of alcohol and thirty-four parts of glycerin. In cases of rectal cancer, etc., tampons saturated with this solution served well to purify the surfaces and subdue the horrible stench.

Abscess cavities were treated by injection of the solution and did very well. It is necessary to evacuate the contents of such cavities first.

4. Iodol gauze, prepared just as iodoform gauze, proved excellent as a dressing. Iodol-collodion and iodol-vaseline were also prepared and used.

In no single case were any signs of intoxication apparent, and iodine could never be shown present in the urine. It is to be remembered, however, that the iodol was used upon granulating surfaces only, never having been, so far, employed upon fresh wounds. In the latter, of course, a more direct and immediate introduction of the iodol into the economy takes place.

As regards the mode of action of the iodol, it is assumed that at the points of application continually small quantities of iodine are liberated, just as from iodoform; upon this

depends the therapeutic local effect. The status nascendi of the iodine and its transformation to iodine-alkali and iodine-albuminate are the conditions requisite to absorption. This liberation of the iodine is more positive from the iodol dressings than such prepared with iodoform. It has been observed that a dressing of iodol gives the iodine-reaction plainly after a single day. The iodine is liberated by the bodily heat, and probably through a fermentative action of the wound-secretion. That an elevated temperature accomplishes this is shown by the elimination of iodine upon warming some of the iodol in a test-tube to a moderate degree.

The small degree of solubility in water is the only feature that stands in the way of a most general use of iodol. Its advantages are the mildness of its local action, that it is a deodorant and has no odor itself; further, that no crusts and eschars are formed. Further study must show whether it is thoroughly innocuous when applied to fresh wounds.

Ischemic Muscular Paralysis.

A contribution on this practical subject emanates from the pen of E. Leser, of Leipzig., The term ischemic muscular paralysis is employed for those grave paralyses and subsequent muscular shortenings and contractions that ensue at times consequent upon the treatment of fractures by fixed, immobile dressings.

Volkmann first called attention to this disaster and pointed out that arrest of the circulation by dressings that are too tight must be the cause of the phenomenon. In the course of one year Volkmann observed seven such cases.

The development is about as follows: soon after the application of the dressing, if too tight, the distal parts, fingers or toes, etc. swell, become insensible, "go to sleep," etc. If the bandages are removed at once, and the muscles are excercised and circulation re-established by massage, stimulating applications, etc., all may be well. If, however, a day or more elapses before the member is freed, then the muscles are found as hard as a board and the articulations concerned stand in a position of contracture. Violent inflammatory conditions supervene resulting in a cicatrical shrinking of the muscles. Then the muscle is paralysed, and does not respond to electric stimulation.

Not alone strangulating dressing in cases of fracture lead to this deplorable state of affairs. Such an ischemic rigidity of muscles has also been noted after ligation of large vascular trunks, for instance ligation of the femoral artery, etc., previous to the removal of tumors.

It has been found that even if the symptoms of arrested circulation are but slight that, if, after removal of the dressing, immediately another immobilizing one is applied, paralyses of a purely myogene character develop.

Experiments upon animals, frogs and rabbits, have been made in order to clear up this matter, with the result that there is no doubt that tight bandaging, especially when combined with immoblization, leads to muscular paralysis; the nerves remain intact.

The microscopical examination of the muscular fibres in such cases shows the destruction of fibrillæ and marked inflammation in the interfibrillary connective tissue. The regeneration of the muscular substance is very slow and incomplete, especially in cases where the tissues are much infiltrated with migratory cells. We do not find a description given of the mode of regeneration of the muscle. From the statement that the presence of migrated cells arrests the regeneration, it would appear that they play no role in the process of muscular repair, as has been contended by some experimenters.

The treatment that must be pursued in such cases is simple enough, if taken at the outset. The dressing should be removed at once, the circulation must be re-established, and under no circumstances should a firm, immobilizing dressing be again applied. It is to be recommended that plaster of Paris be discarded in fractures of the radius especially; after the

treatment of these, in particular, many instances of ischemic paralysis have occurred. Treatment by splints is certainly preferable.

Of course, all trouble, even if plaster of Paris be used is obviated by a correct application of the dressing and a strict surveillance of it; if a certain degree of freedom is left the fingers, a bad result is not probable. On the other hand, splint-dressings that constrict may also be followed by paralysis.

From the foregoing it is evident that great care is needed in fracture-treatment in old individuals especially. Once established the contracted muscles remain so; little benefit is to be expected from stretching them, from electricity and other means.

As of interest in connection with this paper, we note in the Medical and Surgical Reporter a reference to a new method of treatment of Colles' fracture, as follows:

Before the Rhode Island Medical Society, Dr. George F. Keene read a paper descriptive of this method, which consists in putting up the fracture with the hand extended nearly to a right angle with the arm, and supported with a wire splint. If the forearm is placed on a flat splint so that the fingers are flexed over the end, it will be noticed that the radius does not touch the splint at all, and the ulna only on its upper third. If, however, the hand is lifted until fully extended, the radius will touch the splint at its lower end, the thenar and hypothenar eminences of the hand being lifted out of the way. The flexors act at their best advantage when the hand is thus extended, and regain flexibility and strength rapidly when the splint is removed. When the hand is clenched, it moves quite perceptibly to the ulna side of the arm. In the treatment of this fracture, the flexor muscles should be placed at their best advantage, the extensor muscles should be placed at their greatest disadvantage, and the end of the radius should be brought down upon the splint.

To accomplish these ends it is only necessary to bend a piece of ordinary telegraph wire, first into the shape of an ordinary hair-pin, then bend up sharply about two and a half inches of the closed end, flattening somewhat the top of the bend so that the fingers may rest easily upon it at their articulation with the hand. The ends of the wire are fastened with a strip of tin curved to fit the arm, and with a second strip under the end of the radius.

Dr. Keene reported three cases in which his splint fulfilled all the conditions of success, avoiding pain and swelling during treatment, and preventing subsequent deformity and impaired function of the hand and forearm.

Therapeutics of Vomiting of Pregnancy.

Adrian Schuecking proposes (Deutsche Medicinal-Zeitung) irrigation of the bowel by means of tepid carbonic acid water for the cure or relief of the obstinate vomiting of pregnancy, and reports a number of cases in which all other remedies failed. The enemata must be kept up for several weeks.

Surgical Treatment of Chronic Eczema.

Max Bockhart recommends (Deutsche Medicin. Wochenschr. 20, 1885) that chronic eczema of the trunk and extremities, with the exception of the hands, be treated by scarifications of moderate depth, made at right angles to each other, so as to form fenestræ about 7 mm. square. The surface is first anesthetized by ether spray; a hypodermic injection of morphine may also be given before the sitting. After the hemorrhage is checked, the scarified surface is rubbed with the officinal caustic potash, until the epidermis comes off. Then the caustic potash is carefully washed off and a dressing of Hebra's diachylon ointment applied. After twenty-four hours a simple water dressing is substituted. Thereupon the surface is a granulating one, and numerous islets and patches of preserved epidermis are found upon it. To promote the process of epithelial proliferation an ointment of nitrate of silver or pyrogallic acid is of benefit.

Only a number of fine linear scars remain

to indicate the eczematous site. Recurrence of the trouble does not ensue.

Prophylaxis of Gonorrhea.

Haussmann, (Deutsche Medic. Wochenschr. 25, 1885), following up the undoubted favorable results of prophylactic instillations for the prevention of blenorrhea of the conjunctiva in the new-born, advises the injection of a two per cent solution of nitrate of silver into the urethra after a presumably unclean cohabitation. Ten drops of the solution suffice to destroy the gonococci; the injection should be made, however, within a quarter of an hour after the act.

Ichthyol in Chronic Rheumatism.

Ichthol, a peculiar product that contains large quantities of sulphur, and was introduced into dermatology by Unna, of Hamburg, is of value also in the treatment of chronic articular and muscular rheumatism.

Lorenz reports on its efficacy in this respect. His report is to the effect that much amelioration follows its exhibition.

Ichthyol is a mineral-oil that is derived from a bituminous lime-slate; the oil is treated with concentrated sulphuric acid. The resulting product is a thick, syrupy, dark fluid of a peculiar odor.

Lorenz describes a case in point. A lady, 29 years of age, had suffered for twelve years of typical chronic rheumatism. Nearly all the joints were affected, being much swollen and quite painful, so that walking was an impossibility. Her general condition was miserable. Salicylic acid and its salts, colchicum, aconite, the iodide of potassium, all had been tried to no avail. Lorenz ordered ichthyol in a thirty per cent ointment, and had the affected points thoroughly rubbed and kneaded with it. After two weeks' treatment the patient was able to walk clumsily, but quite a rapid improvement in this respect soon followed. A second case was reported that also yielded to ichthyol administered locally.

As an example of the eminent antiphlogistic influence of ichthyol, Lorenz says that a felon, attended by the well-known symptoms of excruciating pain, was so influenced by a single inunction with ichthyol that on the next day the swelling and pain were gone, and the skin that had been tense and glistening showed wrinkles. Inflamed lymph glands are rapidly improved by inunctions made twice a day.

In a case of mastitis with threatening abscess four inunctions made with ichthyol and water, equal parts, effected a cure.

Ichthyol is in the trade at present, and, from all we learn of it, appears worthy of a trial. Its internal exhibition is not yet well understood and further corroborative reports respecting its influence should be awaited.

Photography in Pathology.

Those who have done any photographer's work in their practice, will know the diappointment that nearly always attends attempts to get a half-way intelligible picture of anatomical or pathological specimens. If the relations of the parts are at all varied, nothing but a confused tell-me-what-it-is-and-you-may-have-it is the result.

We learn that a way to obviate this is the immersion of such specimens in a tank of clear water. Dr. J. M. Gourley is the originator of the idea, and presented it to the New York County Medical Association at its November meeting.

The specimens are to be fastened by means of pins on a black board; the several parts of the specimen will float in the water, and thus their relations will come out nicely in the photograph.

It is hoped that this method will do away with expensive drawings.

Our Collaborators.

We are pleased to announce that from abroad, as well as from home, come words of encouragement to the Review in its latest phase of progressive development.

Dr. Morrell Mackenzie, of London, has written, (February 5, 1886): "I shall be delighted to collaborate with you in the Medical Press Association. If I can I will send you a paper from time to time."

REPORTS ON PROGRESS.

REPORT ON GENERAL MEDICINE.

BY ROBT. M. KING, A. M., M. D.

The claim can hardly be made that the year 1885 has witnessed any very remarkable discovery or important advance in the department of medicine. It has not been fruitless, however, in the discussion of scientific questions or problems and in the dissemination of sound and rational views in sanitary matters and questions pertaining to and bearing directly upon the public health and its interests. Valuable lessons have been learned and drawn from individual observations and experience, and the professional mind quickened and kept alive to the progress that medicine, as a science and art, is daily making. "Real progress consists in the development of truth, or in the addition of valuable resources to our means of combating disease." In order to do this we must give up views which have been weighed in the balance, or passed through the experimentum crucis of scientific research, and have been proved erroneous. But we must bear in mind that in the history of medical progress accretion to the science has taken place slowly, and that ever and anon, a hint is given or an idea advanced which gradually unfolds and develops, until an important discovery results, or a valuable truth is established.

Thus, science is continually enriching in "newly observed facts and new lessons of experiment." Vast strides, however, in every department of medicine have been made, and areas hitherto hidden and obscure opened up. In the enlarging and rapidly developing field of microscopic research, carefull inquiry is made as to the dependence of disease upon the minute form of vegetable life. Fungi, mould and bacteria are carefully examined and studied; earth, air and water patiently analyzed, that the minute forms and their mission as factors in the propagation and spread of infection and contagion may be thoroughly appreciated and understood.

1. Report of the British Cholera Commission.
2. Inoculation for Hydrophobia.
3. On the Therapeutic use of Resorcine.
4. Enuresis in Men.
5. The Present Aspect of the Treatment of Typhoid Fever.
6. Hydrastis in Dyspepsia.
7. Treatment of Neuralgia by Neuber's Method.
8. A New Remedy in Gouty Obesity and Dyspepsia.

1. Report of the British Cholera Commission.

In the British Medical Journal, for November, 1885, occurs the second report of "The English Commission." Drs. Klein and Gibbes, says the editor, commence their report by making some observations on the various theories of the etiology and nature of cholera which are maintained in different quarters, and then give a summary view of Dr. Koch's observations and the deductions made from them. "Certain a priori objections to the acceptance of these deductions, founded on the general natural history of the disease, are next advanced; the habitual escape of attendants in cholera hospitals, the immunity enjoyed by certain towns, and the happy effect in the case of ships lying in infected ports of putting to sea, are mentioned as militating against the acceptance of Dr. Koch's views." "The objection founded upon the fact that the comma bacillus of Koch cannot live in acid solutions, and that it would, therefore, be killed in the stomach, is stated, and it is pointed out that a dyspeptic condition would not favor the growth of the bacillus, since dyspepsia increases the acidity of the gastric juice." It is also objected to the name

of the comma-bacillus, that it is not comma-shaped nor a bacillus, "but a minute form of vibrio." The report further says, in answer to Koch's theory that the comma bacillus occurs "only and exclusively in cholera," that it is generally admitted that these organisms do occur under other conditions, and that "no reliance can be placed on the thickness of the bacilli in any particular case, as their dimensions vary very much. The claim of Dr. Lewis that the comma-shaped bacillus observed by him in the mouth is identical with Koch's comma-bacillus is denied, as well as the claim of Finkler and Prior to the comma-shaped organism found by them in cholera nostras being identically the same. It is argued that these and other "similar observations do away with the diagnostic value claimed for the comma-bacillus by Koch, though Dr. Klein admits that gelatine cultures of these two organisms," "differ in an unmistakable manner."

"That the comma-bacilli occur in vast numbers in the small intestines in cases of cholera, and give rise to a chemical ferment and that they occur in the tissue of the intestines." The report says "that in some typical fatal cases, when the examination was made shortly after death the comma bacilli were very scarce in the mucous flakes, while, when the examination was delayed, or when the patient remained in articulo for many hours, the number of comma bacilli in the mucous flakes was much greater; when in examination made soon after death the comma-bacilli were abundant, other bacteria (micrococci, b. termo, b. subtilis, vibrio rugula, spirillum, or others) were also very abundant."

It is stated that in the mucous membrane, the tissue of the villi, Lieberkuhn's crypts, and the lymphatic tissue of the solitary and agminated glands, the "comma-bacilli," or any other organisms, are conspicuous by their absence. In two cases only were there present in sections through Peyer's glands, near the ileo-cecal valve, comma-bacilli, in some places around Lieberkuhn's crypts, and also scattered here and there amongst the superficial parts of the lymph follicles." * *

"In reply to the argument that though the comma-bacilli are not present in the mucous membrane, yet they exist in large numbers in the contents of the intestine, it is urged that first, this is not invariably true; second, that though the whole of the small intestines presents the same appearance, the comma-bacilli are very scarce except in the lower portions of the ileum; third, that the comma-bacilli are present only in dead tissues; fourth, that the bacilli must have been present in vast numbers before the onset of the disease in order to produce the hypothetical chemical ferment, which it is contended must be absorbed before that onset, absorption being impossible after the disease is set up. It is further remarked that the total absence of comma-bacilli from the liver, kidneys, spleen, central nervous system, blood, and especially from the mesenteric glands, is opposed to the view that comma-bacilli could have been present in very large numbers before the onset." "No other organisms were found either on microscopical examinations, or on culture experiments, in the blood or tissues; but attention is called to certain straight bacilli found in the intestinal contents, but not in the mucous membrane. * * * * *

"It is contended that a review of all the facts shows that the stools do not contain a cholera poison in the shape of an organism; and that, therefore, the direct cause of cholera must be some kind of ferment, produced altogether and independently of the body of a cholera patient; this something must be evidently self-multiplying, a living entity, an organism. The direct virus being a chemical or non-organized ferment, we arrive at the conclusion that a living organism, transformed from a cholera locality into a new and suitable soil, therein multiplies, and gives rise to the production of a chemical ferment, which when finding access to the body of a person, sets up the disease cholera." * * * * *

[In this report it is evident that Dr. Klein and Gibbes are unwilling to make any concession or take back any thing said in their previous report. They contend for the "innocuous character of the 'comma bacilli' of

Koch." They claim that in the dejections of patients with cholera, "comma shaped organisms are ordinarily present, but not in the blood, the intestinal mucous membrane, or any other tissue." It is also argued that cholera is not induced in the lower animals by the comma shaped bacilli, and therefore there is no solid reason for believing that it is so induced in man. The committee admit that the comma-shaped bacilli found by Dr. Lewis in the mouth, and that the same discovered by Finkler and Prior in cholera nostras, are not identical with Koch's comma-bacillus; yet this mere coincidence is nothing, and does away, in their opinion, with the "diagnostic value of the latter." Finally, the committee concludes that "sanitary measures in their true sense, and sanitary measures alone, are the only trustworthy means to prevent outbreaks of the disease, and to restrain its spread, and mitigate its severity when it is prevalent."

2. Inoculation for Hydrophobia.

M. Pasteur has communicated to the Academy of Medicine and the Academy of Sciences the results of his latest experiments upon the prophylaxis and cure of rabies, together with the account of a case observed in the human subject. M. Pasteur now adopts the following method: A rabbit is inoculated with a fragment of the spinal cord of a mad dog; the animal is affected with hydrophobia in the space of about one fortnight. A portion of its spinal cord is employed to inoculate a second rabbit, which also contracts the disease, but more rapidly; the spinal cord of this second rabbit serves to inoculate a third and so on. It is observed that at each step of this process the intensity of the disease becomes greater and the period of incubation shorter. When the spinal cord of these animals which have died of hydrophobia is suspended in a perfectly dry tube, its virulence diminishes by degrees, and at last disappears. A collection of these spinal cords—some of them entirely stale and powerless, others more fresh and active, others again quite fresh and extremely active—is always kept in readiness. To render a dog insusceptible of rabies, he is first inoculated with the stale and powerless specimens, then with fresher and more active ones, and lastly with the most powerful of all, when he becomes quite proof against the inoculation of rabies. Lately, a young boy, 9 years of age, Joseph Meister, was brought by his friends to M. Pasteur laboratory. He had been most severely lacerated by a mad dog, having fourteen bites in different parts of his body. M. Pasteur's in presence of the almost absolute certainty of death, inoculated the child according to his system: the first inoculation was made with a spinal cord fifteen days old on the 6th of July, sixty hours after the child had been bitten. Similar inoculations with virus of constantly increasing intensity were made up to the 16th of July, when the spinal cord employed was quite fresh. The child, having up to the present time, five months after the accident, exhibited no symptoms of hydrophobia, is considered radically cured by M. Pasteur, and he has already recommenced the same method of treatment upon a young shepherd, who, in defending other boys, was cruelly bitten by a mad dog, which he killed upon the spot. The results of this new experiment will be communicated by M. Pasteur in due time to the Academy. With respect to the first patient, it must be remembered: 1. That sixty per cent. of people bitten by mad dogs do not contract hydrophobia. 2. That the incubation of the disease is sometimes extremely long (cases have been known to occur two years after the bite). The experiment is not, therefore, absolutely conclusive, although it marks a great progress in the history of the disease, and justifies in some measure the enthusiastic applause with which the communication was received.—Medical Times and Gazette.

[If the truth can be established "that one attack of hydrophobia, or modified hydrophobia protects against another" then has M. Pasteur scored another great victory for science and immortalized his own name. The experiments of this distinguished savant have already taken a practical turn, and we now hear of the protective inoculation of all

the dogs in the land. Recent public utterances through the press, as to the successful results attending M. Pasteur's treatment of the Newark children and others who have gone to him from this country to be inoculated for hydrophobia, must be taken cum grano salis. There is no positive evidence yet presented of the existence of rabies in the dogs. (A doubt cast on Pasteur's success.—A German journal publishes a statement to the effect that the dog which bit Joseph Meister bit another boy the day before, and that the latter, not having been sent to Paris, still remains in excellent health. On the strength of this statement, the journal in question doubts if the dog really had rabies.)

It is also irrational to conclude because the disease has not manifested itself, now almost five months, that his patients are cured, for the period of latency has been known to extend over a period of months and even years.

Nevertheless, it is due to M. Pasteur, and his untiring efforts in this field of science, that unfavorable judgment be withheld, and a verdict of not proved unpronounced, until such time has elapsed as will enable well attested investigation to verify, or falsify his statements. The vaccinating principle of the bacillus, while not thoroughly established, is in a process of evolution and the possibilities of the doctrine that M. Pasteur promulgates, are great and far reaching. The influence of parasite agency in protection cannot be satisfactorily accounted for, neither can the morbific principle of zymosis.

Pasteur's positive assertion that the "introduction of a minute quantity of diseased structure" charged with its specific bacillus "into the tissues of healthy animals causes the identical disease to be reproduced" has not been satisfactorily proven. The whole question is sub judice and everything so far is only experimental.]

3. On the Therapeutic Uses of Resorcine.

This drug, belonging to the aromatic series in chemistry, to which carbolic acid, salicylic acid, and many other drugs also belong, was discovered, in 1860, by Hlassivetz and Barth, but has only recently come into use. Resorcine is very soluble in water, 95 parts in 100, and less so in ether, alcohol, glycerine, and vaseline. The aqueous solution is neutral. It darkens on exposure to the air, is phosphorescent, and treated with perchloride of iron it gives a beautiful blue color; or, if sulphate of soda has been previously added, a deep garnet.

Its physiological effects have been well described by Justus Andeer. It destroys the low organisms, causing certain fermentations and putrefactions. A solution of 1 to 100 arrests alcoholic fermentation. A solution of 2.5 to 100 stops lactic fermentation, and is a valuable preservative liquid for anatomical specimens. It is, therefore, an antifervescent and antiputrescent of great power.

Justus Andeer and Péradon have experimented upon themselves, not only with small, but with large and dangerous doses. In doses of gr. xlv-lxxv a day, the drug only causes slight roaring in the ears, without other symptoms. ℈ viij. taken in twelve hours, produced dull pain in the head, with heaviness and loss of appetite. The same dose, taken in six hours, caused deafness, sighing respiration, vertigo, and lassitude, and modified neither the temperature nor the pulse. Taken in two hours it caused a deep sleep, followed by a normal wakening. Taken in fifteen minutes it caused troubles of sight, hearing, odor, and taste, followed by hallucinations. Péradon had the same experiences, with redness of the face, more or less profuse perspiration, and lowering of the temperature under large doses.

The therapeutic applications of resorcine are based on its antiseptic and antithermic properties, and it has been successfully used in certain infectious diseases. In typhoid fever it acts by combating the infective principles and the high temperature of the disease.

In intermittent fever its actions seems to have fully justified the hopes of the experimenters, and Kahler regards it as quite

equal to quinine. The cures of intermittent fever by resorcine may now be counted by the hundred. Beside this effect on the temperature, it has the advantage that it may be administered at the beginning of the access of fever; in fact, this is the best time for administering it, as its effect is very evanescent. Lichtheim gives one large dose of gr. xlv.

In diphtheria Justus Andeer uses resorcine in powder for making local applications. In severe cases he gives it internally. In 222 cases thus treated, he was not disappointed in a single one. In erysipelas it does not seem to have any marked effect except when injected hypodermically along the erysipelatous line.

External Uses.—On account of its antiseptic action, resorcine in solution may be used for dressing putrid or atonic wounds. It has the advantage over several other antiseptics of being odorless, though it is less astringent than carbolic acid. The solution is also used as a topical application in syphilitic ulcerations; and, as shown by a recent pamphlet of Leblond and Fissiaux, it is as useful in the treatment of soft chancres as iodoform.

Resorcine has no irritating action on mucous membranes. For internal administration it is preferably given in an aromatic solution, or in sweetened water to which an aromatic syrup is added. The doses vary according to individual circumstances. For external use the vehicle may be water, or water with glycerine and alcohol. It can also be incorporated in pomades, etc.—American Journal of Medical Sciences, July, 1884, p. 269.

[According to the testimony of Boyouche (Journ. de Med. de Bordeaux) cases of chronic diarrhea if caused by septicemia, "or if accompanied only by a very fetid discharge," are greatly benefited by the use of resorcine with castor oil. It is given in doses of sixteen grains with castor oil, the solution being effected by the aid of heat. It is also claimed by Andeer as possessing valuable hypnotic properties. We have had an occasion quite recently to use resorcine topically in a painful and indolent ulcer of the chin of long duration. The remedy was applied full strength, gave immediate relief to the pain, corrected the fetid condition of sore, and stimulated the granular process. It is decidedly caustic, but non-irritating to mucous surfaces.

Dr. Rubino Antonio, (Med. Times and Gazette) reports an epithelioma on the side of the nose, about the size of a pea, but with bony attachments, reddened skin and infiltrated, treated with this remedy. He used resorcine, fifteen parts to twenty of vaseline, and applied twice daily, previously washing with a solution of potassium permanganate. The tumor grew gradually smaller day by day and finally disappeared at the end of five months.]

4. Enuresis in Men.

J. Henry C. Simes, M. D., Prof. of Genito-Urinary Diseases in the Philadelphia Polyclinic, writes in the Polyclinic:

The conditions or pathological changes occasioning the affection are: nervous habit, reflex action, functional and organic diseases of the genito-urinary organs, diseases of the nerve centres, urinary calculi and, finally, abnormal conditions of the urine.

Frequent urination, which depends upon a nervous condition, is not an unfrequent complaint.

The cases of frequent urination which may be said to be due to a habit of always urinating whenever the mind has its attention drawn to the function of micturition, are not of unusual occurrence, and more apt to be met with in those who are classed as nervous; indeed, the habit is generally formed at first from some nervous anxiety affecting the patient.

The cases of frequent urination in which reflex action may be considered as a cause are, as would naturally be expected, unfrequent in adults; but in young children, where the nervous system is very susceptible to impressions, the symptom of frequent urination is relatively a common affection. In the adult, lesions of the anus and rectum not seldom occasion enuresis.

Cases of atonic impotency, in which there

exists considerable hyperesthesia of the prostatic portion of the urethra, I have found, with scarcely an exception, to complain of frequent urination.

That structural or organic diseases of the genito-urinary organs are, during some period of their course, accompanied with the symptom of frequent urination, is a well established fact.

Altered and abnormal conditions of the urine which may occasion frequent urination, are not unfrequently met with, and where there is any difficulty in diagnosis an examination of the urine will often determine the question. A urine which is non-irritating to the urinary passages, may be described as a pale lemon colored fluid, sp. gr. 1.020 and slightly acid. The low specific gravity of the urine which is found in some cases of disease of the kidneys, but more often in hysteria, no doubt causes the irritability of the bladder from which such patients suffer. Water is more irritating to those passages of the body over which it is not intended to pass, than a saline solution of some density. This is well seen in the employment of the nasal douche; if pure water is used, the patient will complain of severe frontal pain, but by the addition of some salt, to increase the specific gravity, the pain ceases. Acid urine, when due to a great excess of uric acid, and met with more especially in gouty subjects, very often causes a distressing condition, on account of the frequent desire to pass water. The presence of sugar in the urine is accompanied with the symptom of frequent urination, and most generally is the first and only symptom of the disease diabetes mellitus.

5. The Present Aspect of the Treatment of Typhoid Fever.

In Schmidt's Jahrbücher for October last Dr. Arthur Geissler reviews the contributions to the literature of typhoid fever made in the past three years. In the direction of therapeutics these contributions have been quite numerous. A study of them shows in a striking manner the two main tendencies in which efforts to find helps in the treatment of typhoid have been directed, viz., toward antipyretics and antizymotics. On the one hand is a numerous school which advocates the use of cold baths, or of quinine, salicin, antipyrin, and its allies; on the other, an almost equally large constituency which commends carbolic acid, or carbolic acid and iodine, calomel, naphthaline, and similar drugs. It is difficult to say as yet which has the preponderance of support.

It is certain, however, that the cold-water treatment has received a decided set-back both in Germany and in France. The discussions which took place in 1883-84 at the Académie de Médecine on typhoid fever, elicited opinions which, on the whole, were decidedly unfavorable to the systematic use of hydrotherapy. A recent discussion at the Berlin Medical Society, in which Senator introduced the subject of the treatment of typhoid fever, brought out also a large amount of evidence against the systematic use of this measure. Very significant are the statistics of Dr. Glásel who, in two divisions of the Hamburg hospital, treated one set of patients with antipyretics, the other with antizymotics. In both wards there was a mortality of about seven per cent.

Of antipyretic drugs, quinine still holds a firm place. Herard, Gee, and Jaccoud are among those who still express their preference for it. On the other hand, Unverricht, Legouest, Blot, Hardy, and Dujardin-Beaumetz either dislike its effects or prefer some other antipyretic. Desplats, Dujardin-Beaumetz, and Vulpian decidedly favor the use of salicylic acid, or one of the salicylates; but Dr. James Fergusson has expressed the opinion that they increase the tendency to intestinal hemorrhage. As regards the pure antithermics, such as antipyrin and thallin, Professor Jaccoud has recently asserted, in a paper read before the Académie de Médecine, that they have absolutely no effect upon the course of the febrile disease, and are no real acquisitions to therapeutics. In this opinion he is beginning to find many supporters.

The use of disinfectants or germicides in

typhoid fever is not a new one, but it has of late some very enthusiastic advocates.

Among these are Remonet, who began the treatment in 1880, and who advocates the use of large doses of phenol (gr. xv., once to thrice daily given in enemata). Other believers in this drug are Dr. Amet, Professor Cantani, who claims that it will abort the fever in many cases, and Pécholier. On the other hand, many prominent therapeutists have expressed themselves decidedly against it, and certainly the use of large doses has not gained any foothold with the profession. The administration of carbolic acid and iodine in moderate doses, however, has numerous advocates in Germany and elsewhere. The formula of Rothe, which was published in The Medical Record a few years ago, has become popular. In this country, Drs. Bartholow and James Wilson recommend the use of the two drugs, and Geissler mentions reports in its favor by Klammann, Raymond, Kurz and Sansom.

The latest addition to drugs of this class is naphthaline, which has been reintroduced into therapeutics by Professor Rossbach. This cautious observer believes that it will have the effect of shortening or even aborting attacks of typhoid fever in some cases. Dr. Goetze, of Jena, gives some facts in corroboration of such a view.

One cannot but be struck with the large amount of evidence that has gradually been collected in favor of such germicidal drugs as phenol, phenol and iodine, naphthaline, and perhaps we might put in this category salicylic acid and calomel. For three of them, viz., salicylic acid, phenol, and naphthaline, effects abortive to the fever have been claimed. It is safe to conclude, at any rate, that only agents of this disinfectant class affect the course of typhoid, and that all forms of antipyretics seem only to lessen the severity of the symptoms. From the present evidence it would appear that fresh air, careful employment of nourishment and stimulants, the rational occasional use of antipyresis, and the systematic use of some disinfectant constitute the best treatment now known for typhoid fever.—Medical Record.

[The above is a very sensible résumé of the current medical thought in the treatment of typhoid fever, both in this country and in Europe. Whatever may be the theory advanced as to its etiology, whether the contagium results from a "specific typhoid bacillus," or the product of decomposition in the "specific stools," the therapeutic indications are about the same; varying, of course, with the type, virulence and surroundings of each case. An epitome of treatment would run about this way; hygiene, pure air, cleanliness, quiet, rest, the avoidance of contact with visiting individuals, appropriate liquid food, stimulants, pure water ad libitum, and the use of such remedies as experience suggests are adapted to the peculiarities and surroundings of the patient. It is the wise and timely use of a remedy, not the routine employment of antipyretics, antizymotics, antithermics, or hydropathics, that curtails the mortality rates and conducts to a favorable issue a large per cent of cases. The exercise of good common sense, patient observation, time and appropriate therapeusis will secure an average success.]

6. Hydrasts in Dyspspsia.

In the Lancet, November 7, 1885, Mr. Auld directs attention to the value of hydrastis in small doses in certain forms of dyspepsia. Given in drop doses of the tincture (made with proof spirit) three or four times daily, between meals, is the mode of administration he would recommend. Larger doses often produce aggravation of the symptoms and diarrhea. In his experience there are three kinds of dyspepsia to which it is applicable. The first is the dyspepsia of females, characterized mainly by pain and sinking at the epigastrium, nausea, and constipation, and associated with general debility, nervousness, wandering pains, and possibly leucorrhea. The subjects of this variety are often intolerant of large doses of bismuth and other othodox remedies; but, unless marked anemia exists, they will speedily regain health and strength under the influence of hydrastis, which acts like a specific.

The second form of dyspepsia which is often greatly relieved by this drug is that associated with certain constitutional diseases, particularly phthisis and malignant disease. Lastly, is is of signal benefit in the dyspepsia resulting from the abuse of drugs and alcoholic stimulants.—Med. Record.

[Hydrastis is undoubtedly one of the very best tonics, mild and unirritating in its action. It seems to exercise a specific influence upon the mucous lining of the stomach, and in fact, the whole intestinal canal, and therefore is specially adapted to the treatment of all cases of gastric debility. It gives tonicity to the circulation of the entire mucous tract and causes an increased flow of the digestive fluids. It has long been used as a typical remedy in inflammatory conditions of the mucous membrane of the mouth, nose and throat. The late Prof. Biddle says, "that it is a very efficacious diuretic in promoting the discharge from the kidneys." It probably acts through its toning influence upon the mucous and muscular coats of the blood vessels, and not as an active diuretic, for it can hardly be so considered. Follicular pharyngitis, stomatitis, both mercurial and aphthous, are greatly relieved by its topical employment.]

7. Treatment of Neuralgia by Neuber's Method.

Dr. Schapiro recently read a paper, at the Medical Society of St. Petersburg, upon the results of researches on treatment of neuralgia by Neuber's method of hypodermic injections of a solution of osmic acid. His observations include eight cases of trigeminal neuralgia (three males and five females). The age of the patients varied from thirty eight to sixty. In every case the disease was of a very severe type and of long standing. The result of the treatment was complete cure in five cases (three females and two males), great alleviation of the pain in two cases, and no success at all in one case (female). The number of injections made in each case was from one to twelve, (twenty in one case), five to ten drops being injected each time. The duration of the treatment was from one to sixty days. Dr. Schapiro adopts a modification of Neuber's 1 per cent aqueous osmic solution on account of the osmic acid soon undergoing decomposition in a watery solution. After a whole series of combinations, he concluded that an addition of glycerine to the watery solution prevents for a long time osmic acid from undergoing any change. In not one of the cases treated by him was an injection followed by any ill effect. The patients are now under the author's observation (two to six months after the commencement of the treatment.—London Lancet.

[In the London Lancet Mr. James Mercer states that he treated at the Bath Mineral Water Hospital, eighteen cases of sciatica with this remedy. The respective ages of the patients treated were from eighteen to sixty-five years. Absolute relief for a period of three weeks was given in twelve cases; temporary relief in six. The number of injections administered to each case in which absolute relief was secured, was from one to four. In one case the injections ran as high as twelve, and was more satisfactory in its effects and results than morphine, hypodermically used. A one per cent solution was used three to five minims at a dose, and injected deeply over the sciatic nerve at a point midway between the tuber ischii and trochanter major.]

8. A New Remedy in Gouty Obesity and Dyspepsia.

Dr. J. Mortimer Granville writes in the London Lancet:

I have been obtaining some very good results of late in cases of gouty obesity and dyspepsia with a remedy which, although familiar and based on the simplest physiological principles, is, so far as I am aware, new as I use it. It occurred to me some time ago, as indicated by the physiological state in gout, chronic and irregular; and having now had ample opportunities of trying it, I venture to suggest it to practitioners generally, to whom I think it will at once commend itself as essentially likely to be of service.

One of the earliest, if not a primary, error

of function in gout, whatever may be the real cause of that malady, is failure of the liver to secrete sufficient, or normally constituted, bile. The product of liver function is, as we know, excremento-recrementitial, the greater part of the bile being re-absorbed in the intestines; and among other uses in the economy, such as helping to hold the cholesterin, and perhaps the uric acid, in solution, it is destined to facilitate the proper digestion and assimilation of fats. If fat be not duly assimilated, it will be deposited crudely, as in the omentum and elsewhere, with the result of obesity, coupled with deficiency of heat production and maintenance; which is a very different thing from obesity with full or even excessive powers of calorification. I think it is important to make this discrimination between two distinct and totally different classes of cases. In the former class—common in persons with an inheritance of gout, in which there is obesity with a low grade of heat-force—I am giving the biliary salts, extracted from ox bile, in the form of a pill, to be taken as pepsin is taken, with food. The results are very striking. The stools are rendered characteristically rich in bile without purging, the food is readily digested, and the accumulations of fat seem to melt slowly away. The taurocholate of soda with the glycocholate of soda are readily obtained from ox bile by evaporating to dryness and pulverizing, making an alcoholic extract, filtering, and precipitating by small successive additions of ether. The deposit is non-crystallizable so far as the taurocholate of soda is concerned, while the glycocholate of soda appears, if the deposit be left to stand, in acicular crystals, forming themselves into rosettes. With any suitable excipient the mass may be readily made into pills, each containing about four grains of the taurocholate, and coated so as not to dissolve in the stomach. One should be given with each meal or immediately after food. The effect of this new remedy, both for defective digestion and assimilation, and for obesity in cases in which fat is accumulated instead of being burnt off in the system as nutritive fuel, will, I think, be found highly satisfactory.—

[Ox-gall has been also highly endorsed by Dr. Van Shaick and Dr. Samuel Lloyd in typhoid fever. These gentlemen assert that an immediate reduction of temperature follows its administration and that all the symptoms are materially improved by it. It is given in "capsules of five grains each every two hours, and the preparation employed is the "Fel bovis inspissatum." Its use is based upon correct physiological principles and should be thoroughly tested by practitioners.]

REPORT ON OPHTHALMOLOGY.

BY ADOLF ALT, M. D.

1. Ein Fall von Embolie der Netzhautschlagader bei Anwesenheit eines sogenannten Cilioretinalen Astes.—Von J. Hirschberg.—Centralblatt für praktische Augenheilkunde, December, 1885.

A case of embolism of the retinal artery in an eye with a so-called cilio-retinal branch).

2. 100 Faelle von Keratitis parenchymatosa diffusa, aus Dr. Hirrchberg's Klinik.—Dr. R. Aucke.—Centralblatt fuer praktische Angenheilkunde, Dec., 1885.

(100 cases of diffuse parenchymatous keratitis, from Dr. Hirschberg's clinic.)

3. Ein Fall von Orbital und Uveal sarkom.—Ernst Baeumler.—Klinische Monatsblätter fuer Augenheilkunde, Januar, 1886.

(A case of orbital and uveal sarcoma.).

4. De quelques opérations pratiques sur les puapières.—Dr. Landolt.—Archives d'Ophthalmologie, Novembre–Décembre, '85.

(On some operations which are performed on the eyelids.

5. Zur Aetiologie des Glaucoms.—Dr. Schoen—Graefe's Archiv für Ophthalmologie. Vol. XXXI, No. IV.

(On the etiology of glaucoma).

6. Ueber das Vorkommen von Iritis und Iridochoroiditis bei Diabetes mellitus und bei Nephritis, nebst Bemerkungen uber die Wirkung der Salicylsæure

BEI INNEREN AUGENENTZUENDUNGEN.—Th. Leber.—Graefe's Archiv. as above.

(On the appearance of iritis and iridochoroiditis in diabetes mellitus and nephritis, with some remarks on the action of salicylic acid in internal inflammation of the eye·)

7. UEBER EITRIGE MENINGITIS NACH ENUCLEATIO BULBI.—A. Brueckner and R. Deutschmann.—Graefe's Archiv as above.

(On purulent meningitis after enucleation of the eyeball).

8. THE SECOND SERIES OF 100 CASES OF EYE-DISEASES TREATED WITH THE GALVANO-CAUTERY.—A. Nieden.—Archives of Opthalmology. Vol. XIV, No. 4.

REFLEX OCULAR SYMPTOMS IN NASAL AFFECTIONS.—E. Gruening.—Medical Record, Janury 30, 1885.

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1. Hirschberg's paper relates the observation of an embolism of the central retinal artery in an eye in which a so-called cilio-retinal branch was present. Cilio-retinal branches, which means arteries which go from he choroid directly into the retina near the optic papilla, are probably extant in every eye, but they are usually so small that they are not recognized, or are of no importance. In the case related by Hirschberg, there appeared to exist such a cilio-retinal branch of considerable size, which when the embolus had cut off all the blood supply from the retina, coming through the central retinal artery, was sufficient tonourish a triangular part of the retina between the optic papilla and the macula lutea of a breadth of about 9 mm. and a height of about 4, 5 mm., which thus retained its function. The so-called cilio-retinal branch proved however, later on, to have after all been a branch of the central retinal artery, which probably left the main stem just before the seat of the embolus, and it was after a few days blocked also. [It seems that Hirschberg, although he does not distinctly say so, wants to imply by referring to the so-called cilio-retinal branch, that such branches do not in reality exist. They have, however, been undoubtedly seen by a number of observers, and Knapp and I have both given drawings of such branches observed under the microscope.]

2. Aucke in reporting one hundred cases of diffuse parenchymatous keratitis from Hirschberg's clinic, states that they saw one such case among 168 eye-patients, that is in three-fifths per cent of their cases. Of these patients sixty-two were males and thirty-eight females. In thirty-eight of the cases both eyes were affected (but never at the same time nor with equal severity), in twenty-two the left eye only, and in thirty-six the right only suffered. The years of life in which the disease was most frequently observed were from the first up to about the twenty-fifth year; the oldest patients were between sixty and seventy years old. With regard to the etiology the author states that he found syphilis to be undoubtedly present in thirty-seven cases (twenty-seven congenital, ten acquired), in twenty-four cases syphilis was probably the cause, in thirty-nine cases no sign of syphilis could be found. The affection healed, as a rule. In sixteen cases it was complicated by iritis, in three by episcleritis. Ulceration took place only once, and in one case secondary glaucoma developed. In sixteen cases the peripheral choroidal pigment showed pathological changes, and the author considers these to be of syphilitic origin. He states further that, since such pigmentary changes were found in the eyes of some of the individuals which were classed among those free from any syphilitic taint, he feels more and more convinced that diffuse parenchymatous keratitis is often caused by syphilis even in cases where no other sign of this disease is to be found.

[Although this latter statement will probably be subscribed to by most observers, it should surely not lead to the idea that parenchymatous keratitis must always be brought about by syphilis. This is the standpoint of Hutchinson, whose opinion surely carries considerable weight with it. Yet, I think every observer has had occasion to see cases of parenchymatous keratitis, in the causation of which syphilis played no role whatever.]

3. Baeumler gives a thorough description

of an alveolar unpigmented sarcoma of the post-ocular part of the optic nerve and orbital tissue, which later on invaded the eyeball and spread in the choroid around the optic papilla.

[Such cases have but rarely been observed; the rule is that the tumor originates within the eyeball, and after having perforated the sclerotic at a weak point, spreads into the orbital tissue.]

4. The paper by Landolt on some operations on the eyelids, contains a number of very practical suggestions. He first speaks of the operation for ectropium of the lower eyelid, and states that the results of the different operations, and especially of Snellen's sutures did not yield him the desired results. Snellen's method consists of the following maneuvers: Threads which are armed with a needle on both ends are entered on the outer surface of the lid somewhat below the lid margin, carried parallel with each other through lid behind the tarsus and brought out at the lower margin of the orbit. They are then tied on a little roll of a resistant material,so that the lidmargin is drawn towards the eyeball. These threads must remain in place long enough to cause such a degree of irritation that the resulting scars by their contraction will act in the same way as did the threads.

The method of operation which Landolt proposes in such cases, and which he speaks of as highly successful, is a modification of this method of Snellen. He first excises a conical piece of tissue from the lid near and all along the lid margin. Then the threads are introduced in the manner of Snellen's method. The threads are removed on the fourth or fifth day. Thus a decided entropium is produced, and the lid is then said to be in its normal position, and held in it by the firm cicatrix.

[This improvement of Snellen's method looks very rational and would be well worth trying, even if the name of its author and his statements did not endorse it.]

Landolt further recommends the applications of similar sutures which are brought out at the orbital margin in connection with the Jaesche- Arlt method of operating for distichiasis.

[In the Jaesche-Arlt operation the lid-margin is split so as to be able to slide the skin with the eyelashes upwards, (or downwards) upon the tarsus; to hold it in such a position a flap of skin across the whole lid is removed at some distance from the lid-margin and then the latter is fastened farther upwards (or downwards on the lower lid) by sutures. These sutures fastening this sliding flap to the rest of the skin of the lid are in the original operation, brought out directly near the upper wound lip, while Landolt carries them to the margin of the orbit.

Although there is hardly any doubt that this suggestion is an improvement on the Jaesche-Arlt operation, the whole procedure is not very greatly to be recommended. The new tissue which fills the bare gap between the edge of the tarsus and the cilia leads very frequently to relapses by its retraction. Moreover, the disfiguration which the operation causes is rather disagreeable. The Jaesche-Arlt operation has, therefore, been long abandoned by the majority of operators, and more successful and less disfiguring operations have succeeded it. Even Landolt's improvement is, therefore, not very likely to revive this operative procedure.]

Landolt further on describes an ingenious method of covering a large defect on the lower eyelid. The case in which he made use of this method was one of cancer of the lower eyelid. He dissected the lower lid (skin and tarsal tissue) off from its conjunctival lining and removed so the cancerous tissue included in a flap stretching across the whole breadth of this lid. Then by carrying two parallel incisions across the upper eyelid, removed from the lid-margin respectively about two and nine mm. and parallel with it a bridge-flap of skin was formed which was seven mm. broad and was stitched to the conjunctiva and remaining skin of the lower lid in such a way as to cover the whole loss of substance. The wound on the upper lid was simply closed by sutures. The two pedicles

of this bridge-flap, which secured its nutrition, were cut only later on when perfect healing had taken place.

[This is certainly a highly recommendable method of covering a loss of substance resulting from the removal of a malignant growth, when the skin of the upper lid is so abundant that the flap necessary for the covering of the loss of substance may easily be dispensed with. The principle, however, is of course, not a new one. Whether it will be wise in such a case to preserve the conjunctival lining of the old for the new lid, must depend on the character of the case, but I doubt whether this will often be possible without making almost sure of a future relapse from this very membrane. The point to which Landolt especially wants to draw attention, namely, that in all such operations we should preserve as much tissue as possible, as even small particles would be of great value, is one which has for a long time been thoroughly recognized and is surely not to be lost sight of in all plastic operations; but the future safety of the organ operated upon must not be sacrificed for the sake of a brilliant momentary result.]

5. Glaucoma, though a disease which is well characterized and recognized, is as yet, as regards its pathogeny, not satisfactorily explained, and many are the theories which have already been advanced for its explanation. To these Schoen adds another one which he formulates thus: "I see the etiological momentum of the acute glaucomatous process in a relative functional insufficiency of the circular and the inner and middle meridional fibres (of the ciliary muscle) that is of all those fibres which prevent an advance of the crystalline lens, and which contract the external ring of the Zonule of Zinn. When the action of these fibres is insufficient, the ciliary processes are no longer able to hold the lens back by means of the anterior portion of the zonules, the lens, which is now being pressed forward by the increased tension of the vitreous body at every effort at accommodation, drags along the ciliary processes together with the inner part of the ciliary body. The inner part of the ciliary body thus makes a turn around a fixed point which lies in the region of Schlemm's canal. The lens being pressed forward, in the manner detailed further on, forces the periphery of the iris against the ciliary body and cornea, by means of the external part of the zonule and of the ciliary processes. The channels of exit of the aqueous humor are now blocked, and this gives rise to the secondary and dangerous increase of the intra-ocular tension.

The idea of such a connection between the act of accommodation and the glaucomatous process suggested itself to me by the fact that all the cases of acute glaucoma I observed in the last few years concerned hypermetropic eyes or eyes with hypermetropic astigmatism; furthermore, by the fact that all of these patients had worn no glasses or at least glasses which did not sufficiently correct the error, and that always the more hypermetropic or astigmatic eye was the first one to be attacked by glaucoma."

He then states that this theory explains without strain, why glaucoma appears more frequently at an age when the faculty of accommodation is being lost, and why myopic eyes enjoy such a high degree of immunity against this affection.

[This theory advanced by Schoen has a great deal in its favor, and makes, in common with other modern theories, and as I think properly, the cause of glaucoma a merely mechanical one. It is more plausible than the theory of Knies-Weber, since the obliteration of Fontana's spaces and of the channels through which the aqueous humor leaves the eye, is not made the ultimate cause of glaucoma, but is given its proper place as one of the consequences of a previous condition which is already glaucoma. Whether it is, however, the explanation which will satisfactorily cover the whole ground, further investigation will have to show.]

6. Leber states that since 1878 he has had occasion to observe nine cases of iritis which were due to diabetes mellitus. The character of this diabetic iritis was with relative frequency a purulent one, yet the inflammation

seemed to be after all of a low degree only, and was very amenable to treatment. In some of the cases a fibrinous exudation filled the whole pupil which, under proper treatment, was also rapidly absorbed.

[These important observations of Leber should be kept in mind, and henceforth the urine should be carefully examined when an iritis, of the form and character as Lebert describes it, is met with.]

7. After having at length discussed the question of purulent meningitis after enucleation of an eyeball, Deutschmann comes to the conclusion that this operation can be followed by an acute purulent meningitis cerebralis; the direct cause for this is an infection of the orbital wound-surface; from here this infection is carried into the cranial cavities by the different preformed channels, and there produces an inflammatory process which is mostly deleterious to the individual. He, then, guided by these reflections, breaks a lance for exenteration of the eyeball, as it has been proposed by A. Graefe in place of enucleation.

[It is quite in keeping with the present standpoint of pathology that a surgeon should reduce to a minimum the chances of infection in every operation, and it is surely very probable, or at least, not improbable, that infection of the orbital wound after enucleation may lead to meningitis. Yet, on the other hand, those, who like Deutschmann himself, believe to-day that the transmission of the inflammation in sympathetic ophthalmia takes place by way of the optic nerve and its sheaths, can hardly think it a greater safeguard against this very disease to remove only the contents of the primarily affected eyeball, than to remove this eyeball, and, as I have urged before, with it as large a piece of the optic nerve as may be possible in the given case.]

8. The application of the actual, and more recently, of the galvano-cautery to diseases of the eye has found a number of strong supporters, and Nieden is one of them. In publishing the second hundred of cases of eye disease which he has treated by the galvano-cautery, he again recommends its use very highly. The affection in which its applicability can no longer be doubtful, is the ulcus corneæ, but he tried it in a number of other affections of the cornea (hypopyon-keratitis, sclerosing keratitis), but not always with good success. He furthermore treated with the galvano cautery cases of acute trachoma of the conjunctiva, small tumors of the lids (especially teleangiectasia), etc. He gives the following advice in conclusion of his report: "Do not use too many elements to arm the instrument—certainly not a galvano-caustic battery. In addition to the danger of destroying the loop by melting, we must remember that there is no absolute need of radiation in white heat; this is a disadvantage in doing delicate work. * * * A single powerful element, whose plates can be immersed into the liquid to a greater or less extent, * * * is fully sufficient to bring the platinum wire to a red heat."

9. Speaking of reflex irritation of the eyes as caused by nasal affections, Gruening states: In the cases mentioned by Hack and his followers, ocular symptoms are incidentally mentioned. Lachrymation, photophobia, increased vascularity of the ocular and palpebral conjunctiva, pain and pressure in and around the eyes, fluttering scotoma, frequently co-existed with the graver symptoms and passed away with them, in consequence of the nasal treatment. Now, a certain group of ocular symptoms, namely, lachrymation, sensitiveness to ordinary light, and redness of the eyes, are presented by a considerable number of our patients, and yet the examination of their eyes reveals absolutely no anomaly. The refraction may be emmetropic, the vision normal, the conjunctiva sound, the puncta lachrymalia may be open and favorably placed, and the nasal ducts permeable.

For such cases collyria have been prescribed, cold or warm applications recommended, general hygienic measures enjoined —all without the slightest benefit to the patient. Knowing that the symptoms—lachrymation, photobia, and increased vascularity—may be evoked at will in all eyes by mechan-

ical irritation of the nasal mucous membrane, may we not logically infer that the continuance of such ocular symptoms may be due to the continuance of a nasal irritation? This is the a priori argument, and of conditional value in practical medicine. If, however, in a considerable number of pertinent cases, showing the ocular symptoms in bold relief, local and general treatment prove ineffective, and nasal treatment promptly effective, should we not then present the convincing a posteriori argument—"sublata causa, tollitur effectus?"

Of such cases I have observed a large number in the last two years.

Why this condition should give rise to ocular symptoms in some persons, and not in others, is difficult to explain. It may be due to a special irritability of the terminal nerves of the nasal mucous membrane; it may be due to a neurotic tendency on the part of the individual. We have a practical guide in the possible efficiency of the nasal treatment for the relief of the ocular symptoms in the use of cocaine. If in these mild cases the instillation of cocaine into the nose relieves the ocular symptoms, we may assume that a simple anti-catarrhal treatment will suffice for the cure of the affection.

But the cases which we encounter are not all of this simple nature. Very frequently we find an immense hypertrophic swelling of the corpora cavernosa of the turbinated bone. This swelling may be found at the anterior or posterior portions of the lower turbinated bones, on the lower edge of the middle turbinated bones. In other cases we have to deal with a stenosis of the nasal passages due to a variety of causes, a combination of hypertrophy of the erectile tissue, cartilaginous excrescences from, and deviations of the septum. These are the elements with which we must cope in the successful treatment of the reflex ocular symptoms."

The cases which he treated had the following symptoms in common:

1. Burning and smarting sensation of the lids or of the eyes, more pronounced in the morning than in day time.

2. Inability to fix an object in ordinary day light.

3. Increased vascularity of the conjunctiva, and lachrymation upon slight provocation, such as a mild current of air.

4. Sound condition of the eyes and their appendages.

5. Inefficiency of the ocular and the general treatment.

6. Efficiency of the nasal treatment in spite of the absence of nasal symptoms.

[Since Hack has first drawn attention to this connection between affections of the nasal mucous membrane and formerly unexplained reflex symptoms in more distant organs, a great many incidental observations have been published. Gruening is probably the first who distinctly dwells on the connection between eye symptoms and nasal affections. The statements coming from such a source are of sufficient importance to impress themselves on the mind of every man engaged in ophthalmic practice. May be that in this way we may get rid of at at least one class of "disagreeable patients" and give help for ailments which were, if not dangerous, at least annoying enough to the patients to make them such "disagreeable patients," as long as we could not relieve them].

CONTRIBUTION.

SOME POINTS ON THE MANAGEMENT OF SCARLET FEVER.

BY I. N. LOVE, M. D., ST. LOUIS, MO.

Read before the St. Louis Medical Society.

I shall occupy your time for a few minutes in presenting a few thoughts on scarlet fever, not going into the details of history and pathology, simply giving you a few opinions and conclusions based upon observation and experience.

It makes little practical difference to us, whether or not the plague of Athens, 430 years before Christ, described by Lucretius was scarlet fever of a malignant type: that which is of the deepest import to us is the cause, effect and treatment of the disease.

That the subject is important goes without saying, it being one of the most terrible scourges which afflicts the world to-day: entering alike the hovel of the poor and the home of the rich, out-Heroding Herod in its "slaughter of the innocents."

Cholera and yellow fever which visit us from time time, the very names of which frighten and demoralize the public, horrible as they are, count their victims by scores, while the victims of scarlet fever may be counted by the thousands. We may safely say that scarlet fever ranks among the most treacherous and uncertain of diseases. There is no case so mild as not to be dangerous. There is no one of the contagious exanthematous fevers which is so variable in its forms and symptoms and whose dangers are so difficult to foresee.

Small-pox can always be recognized, whether it be in its natural form or modified by vaccination or a previous attack, its external anatomical lesions being peculiar to itself.

Scarlet fever, however, may exist without showing itself on the skin, and though this be the case the disease is still dangerous.

Measles nearly always preserves its characteristic features: its diagnosis is almost always easy: its complications are usually foreseen, and occur at a certain stage, even on a particular day, which we can nearly always predict.

Scarlet fever is as variable almost as the creatures who are its victims, and presents dangers and complications which for the most part cannot be anticipated, and of which the most skilful practitioner can know nothing beforehand even when they are imminent. Some cases during the progress of an epidemic may appear to be so mild as almost to seem trivial; but he who deems them so, will receive when he least expects it a rude awakening.

The great Sydenham in the seventeenth century, 1676, studied the subject fully and thoroughly, but even so close an observer as he, at first treated it with a degree of contempt as compared with measles and small-pox. His experience had been with mild cases and mild epidemics. More than likely the dangerous and terrible sequelæ were not referred to the disease or traced to their proper origin. His opinion was modified, however, by later observations and experience. In these latter days when I hear speakers in these "experience meetings" of ours give "rosy" reports of never having lost a case of scarlet fever, I know not whether to envy the observer his happy lot in having only agreeable cases fall to his care, or regret his misfortune in having only a limited opportunity for observation; but this I do know, if he lives long enough, he will change the character of his reports. That the disease, variable, treacherous and dangerous as it is, can be modified, mitigated and cured by careful and judicious treatment in the large majority of cases is established. The advances that have been made in the knowledge of the disease and the therapeutic progress in recent years, have resulted in a great reduction of its mortality.

It is surprising how many well informed and educated people seem to think that the term scarlatina bears the same relation to scarlet fever that varioloid does to small-pox—being a very benign form of the disease, and that it is a desirable thing for children to be exposed to such form as they thus secure immunity against the more dangerous form without running any very great risk. It is the duty of physicians to inform the public upon this subject and advise them to avoid the disease in all its sundry forms; apprize them of the fact that exposure to the mildest form of the disease may result in a case of the most malignant character, the specific poison producing the disease being the same in both cases, and the severity and character of the resulting disease being largely dependent upon individual constitutional conditions and surroundings.

Another popular fallacy should be exploded—the idea that seems to obtain that it is better for children to have the various diseases incident to childhood while young, as they are liable to have them in a severer form at a later period in life. We should inform them that on general principles the older and more fully developed the individual, the greater the power of resistance against all disease; and that as bone and muscle cannot be broken in their continuity, and heal without leaving a scar, so disease, in its many forms, affecting tissues and organs, leaves as results, scars which are never effaced. Teach them that the progress of development and growth in our children should be interrupted as little as possible.

It is an interesting fact that very young infants (under six months) are not susceptible to scarlet fever, but beginning with the most susceptible age, the mortality decreases as the age advances.

Under the head of our duty to the public, we occupy the position of instructors in sanitary matters, and all that is conducive to the good health of the community. The public being informed of the contagiousness or infectiousness of a disease, we should discour-

age and prohibit unnecessary and sentimental visits to the patient. We should secure as complete isolation of patient and nurses as possible, and the liberal employment of disinfectants upon their persons and in the apartments, and as thorough a cleansing and disinfection of every part of the house, cellar, bathroom, closets and alleys as it is possible to secure. Every article in the room not needed for the good and comfort of the patient should be removed. If possible, a room should be selected far removed from the noise and confusion of the house and street, with good opportunities for ventilation, sunshine and quiet. A room nearer the roof than the cellar is to be preferred—the isolation is more complete.

If an open fire can be secured in the room for at least a few minutes every day, even in the summer time, is to be desired.

Currents of air must be avoided, of course, but thorough, constant ventilation should be secured, rain or shine, winter or summer. No article should be removed from the sick room without first being soaked for an hour or more, or thoroughly washed in a disinfecting solution—that recommended by the New York Board of Health is good, inexpensive, and composed as follows:

Sulphate of zinc eight ounces, carbolic acid, one ounce, and three gallons of water.

All linens and clothing should be thoroughly washed in boiling water after disinfection. Articles which cannot be thoroughly disinfected such as mattrasses, etc., should be burned.

All vessels such as urinals and bed pans after using should be properly washed and have disinfecting fluid placed in them. Cloths wet in the disinfecting fluid should be kept hanging in the room and different parts of the house.

A thermometer should be kept in every sick room, but particularly in that of a scarlet fever case, and the temperature should be maintained during the height of the fever at 70° Fahrenheit.

After the fever has subsided and desquamation commences, the better temperature is about 72° to 75°.

And in disinfecting we should not forget the patient, but apply liberally once daily to the desquamating surface carbolized olive oil and glycerine afterwards, sponging off with diluted Listerine (one part to twelve) or antiseptic cologne (one part corrosive sublimate to 2000 cologne) is sometimes more agreeable.

A convalescent from scarlet fever either mild or severe, should not be permitted to mingle with its fellows for from four to six weeks, until complete desquamation has been secured.

The vacated sick room should have every part of the wood work scrubbed with soap and water. The ceiling and walls, (all paper having been scraped therefrom), should be thoroughly brushed with the disinfecting solution before being papered or white washed again. Sulphur should be burned freely in the room with the windows and doors closed, after which all windows and doors should be kept open for several days before the room should be again occupied. Separation, isolation and disinfection will absolutely prevent the spread of this disease.

We, as physicians, should make a personal application of the rules of cleanliness, disinfection and ventilation.

The poison, possessed as it is of a remarkable fixity of character, not being readily volatilized, forming clinging attachments to clothing, we should pursue the plan of wearing an outer garment, long and closely buttoned in the sick room and while visiting our cases, and doff it before making calls upon other patients.

Recent demonstrations in antiseptic surgery and the antiseptics of disease should convince us that cleanliness is truly next to Godliness.

A physician of learning, judgment and ability, careless, untidy and filthy in person, dress and habity is verily a walking pest house and—almost as dangerous in the community as the charlatan.

Under the head of prophylactics, but little can be said that will not apply to all diaease on general principles.

Fresh air, sunshine, care in diet, and observation of all the laws of hygiene are the best.

Belladonna has been lauded by some but probably unjustly. It may result in making an anxious mother more comfortable in her mind if administered to her child, and at the same time beget a confidence which will prompt her to neglect the most important matters of personal and domestic hygiene and avoidance of contagion.

Some modern Jenner or ambitious Pasteur may cultivate an attenuated poison, and devise a system of inoculation that may modify, mitigate or prevent the disease. Gee, of London, in "Reynolds System of Medicine," and our own able J. Lewis Smith refer quite favorably to experiments that have been made in this direction. Our recent medical journals indicate that many able men in different parts of the world are engaged in similar experiments. Let us hope that we may soon

have a practical demonstration of the virtue of vaccination as a preventive of scarlet fever, as well as cholera and hydrophobia, and that our profession may soon "throw physic to the dogs and resolve itself into a society for the prevention of disease."

A knowledge of the cause of a disease, and the anatomical lesions resulting therefrom, assist us in adopting a line of treatment.

I think we may accept it as proven that scarlet fever does not originate de novo, but is produced by some specific poison, germ or microbe. Gee defines scarlet fever as an acute pyretic disease, specific in its cause and course, and best characterized by a peculiar exanthem.

We should never lose sight of this germ during the progress of our consideration of the disease.

As a result of the action of this germ upon the blood, we have a more or less violent fever, a more or less violent rash or eruption upon the skin and all the mucous surfaces (a mucous membrane is only a modified skin, a skin with a much thinner layer of squamous or tesselated epithelium); a more or less violent sore throat, and a more or less violent inflammation of the lymphatic glands.

We have all the above train of symptoms as the result of the mischievous work of this little parasite in the blood, and the entire glandular system of the body is involved in a conservative effort to expel the effete materials accumulating: hence the rash: hence the involvement of the various secretory and excretory organs: hence the fever.

We must then conclude that the disease is self limiting, that it runs a definite course through successive stages, and the programme of action cannot be shortened by any known treatment, but it can be smoothed and made more comfortable and less dangerous to the victim. Acting upon this view, we should then administer remedies that are most destructive and antidotal to this specific poison, and the least harmful to the patient—antiseptics.

Also remedies that will assist nature to throw off the effete materials accumulating in the blood, and so equalize the burdens of the excretory organs as to allow none of them to become overworked or broken down—stimulants to secretion and excretion; also remedies which will reduce temperature, thus guarding against the dangers of high temperature.

In fact our entire treatment should be in the direction of moderating the symptoms and rendering the disease milder. The severity of the disease is measured by its symptoms, and we can, to a marked degree, control the symptoms.

Being impressed then with the gravity of the disease, we, on taking charge of a case of scarlet fever, should enlist for the entire term of service extending from the beginning of the attack to the close.

If we are called to attend a broken bone we inform our patient that we propose to keep him under close observation until the limb is sound and well, a period of four weeks or longer, depending upon the amount of injury involved. We propose to watch nature and see that she does her work well, and help her if necessary.

So in assuming charge of a case of scarlet fever, we should inform the parent that it means four weeks, or the "close of the war." We should visit our patient daily, one or more times until the termination of the four weeks, or longer, if the severity of the case demands it, armed with the test tube and thermometer, watching the symptoms and interrogating the excretory organs, standing guard like the faithful and intelligent policeman, ready to prevent a breach of the peace, rather than to come too late and try to quell it. "Eternal vigilance" is the price of safety against dangerous complications and unfortunate sequelæ.

The remedy upon which I chiefly rely in my infectious cases is the benzoate of soda. I may safely say that I probably never prescribe for a case of scarlet fever during the early stages without giving this remedy. In 1879 Salkowski showed that this drug largely increases the secretion of nitrogenous and sulphurous compounds with the urine, and drew the conclusion that it shonld be useful in diseases in which the blood is overcharged with effete matters.

Salkowski, Fleck and Buchholtz discovered that benzoate of soda prevents the development of bacteria in putrescible liquids, and Graham Brown found that diphtheritic fluids lose their contagious quality speedily in a solution of benzoate of soda.

The remedy also, in my judgment, reduces temperature, but to aid its action in this direction, it is well sometimes to combine with it the tincture of aconite root in a very careful and guarded manner. The benzoate of soda may be given in from ten to fifteen grain doses in syrup and cinnamon water, every hour or two, to a child from two to five years of age. The mixture is a very pleasant one.

As an antiseptic I have for many years been using Listerine; in fact, ever since its first introduction by Lambert & Co., of this city

(Mr. L. having informed me that the first prescription calling for the remedy was written by myself). The formula struck me favorably at once, the prominent ingredients being boracic acid, eucalyptol and thymol. As time has passed and my opportunitles for the application of the remedy have increased, the opinion is strengthened that it is a very valuable remedy in a very convenient form.

I consider it specially applicable to the treatment of scarlet fever, and have probably not treated a single case of scarlet fever or diphtheria in the past six years without administeriug it. I use it freely as a mouth and throat wash, diluted one part to twelve, applying also with the atomizer, administering it internally to a child two or three years old—ten drops diluted with water every two or three hours.

J. Lewis Smith (Pepper's System of Medicine, 1885) endorses it. He says: It is not my intention to recommend in this treatise any remedial agent that has not been fully tried and its efficacy determined; but from observations made by myself in nearly twenty families in which scarlet fever was prevailing, I am convinced that boracic acid, an antiseptic recently introduced into our Pharmacopeia, deserves trial as a preventive and antidote of scarlet fever, as well as diphtheria. The good results in my practice from the use of this agent which only extends over about six months may be due to the present type of scarlet fever, but I have been surprised at the favorable progress of the cases which appeared very grave in the beginning, at the small mortality and at the large proportion of well children that escaped infection, to whom this medicine was regularly administered. It has been recently used by aurists with remarkable success in suppurating and granulating otitis media, and by oculists as an eye wash. E. R. Squibb says of it (Ephemeris, May '83): "A solution saturated at ordinary temperatures contains between four and five per cent. It is a very bland and soothing application, whether applied in powder or solution, relieving irritation and reducing suppuration. It has been administered in very large doses internally without any disturbing effects."

The preparation which I have employed is one found in the shops, with the name Listerine, prepared by a Western phamaceutical firm. It contains according to the manufacturers, the "essential antiseptic constituents of thyme, encalyptus, baptisia, gaultheria and menthra arvensis" and also two grains of benzo-boracic acid in each drachm. The dose of Listerine which I have employed is one teaspoonful considerably diluted with cold water. A child of five years can take ten to fifteen drops every two to four hours. I call the attention of the profession to the use of boracic acid as an antidote to the scarlatinous poison, without sufficient experience to enable me to speak positively of its efficacy, but with the hope and expectation, from observing its apparent effects in seventeen families afflicted with scarlet fever, that it will be found useful addition to our means of controlling this much-dreaded and fatal malady."

Another very convenient and elegant preparation of boracic acid which I have used very considerably in scarlet fever and diphtheria for the past year, is the so-called boroglyceride, manufactured by W. S. Merrell & Co., of Cincinnati,—a glycerole of boracic acid. This, in addition to being most excellent internally, is a most efficient and soothing remedy to the angina. In the milder cases of scarlet fever little or no treatment is required, save only the careful watching of the patient, regulation of diet, etc. Food should be selected with a view to easy digestion, and non-irritating properties. In even the mildest cases I direct the avoidance of a meat diet, giving largely a milk diet, and, if there be any impairment of digestion, I have the milk artificially digested, using for that purpose Fairchilds Bro's & Foster's peptogenic tubes which are absolutely reliable and in a most convenient form. In this connection I may say, I have fed severe cases weeks at a time with the peptonized milk, and, when occasion required it, have given the same per rectum, being very successful in the long continued nourishment of the patient. The beef peptones may also be used to most excellent advantage. In the severer and malignant types of the disease, the first and most immediate danger is high temperature. If the temperature does not go above 102° or 103° Fahrenheit, unless complications arise, the attendant may rest easy, but above that point there is grave cause for anxiety. In the most severe forms of the disease the temperature ranges from 105° to 106° and may go to 110° as recorded by Trousseau who has repeatedly said that scarlet fever, especially when its form is malignant, is, of all diseases, that in which the temperature of the body rises to the highest point.

I have, myself, seen three cases in which the temperature recorded was respectively 107°, 108°, and 109°; they were all fatal within twenty-four hours. I have never seen but one case with a temperature above 107, whether sunstroke, tetanus, meningitis, puerperal septicemia, malignant scarlet fever,

but proved fatal—this was a case of puerperal septicemia.

I believe the sheet anchor in high temperatures is application of sheets wrung out of moderately cool water or immersion in full length bath tubs, in water a little below the temperature of the patient and gradually reduced to a temperatute of 50° or 60°, remaining in the bath one or two minutes including the cooling process. I have many times had patients put in the water raving in delirium from the high temperature and following the bath go quietly off to sleep. The baths are to be repeated as often as the temperature would indicate, never permitting it to remain above 103°. Sometimes the reduction may be maintained by frequent sponging off under the bed covers with tepid water. A very pleasant effect may sometimes be produced by the addition of a small amount of tincture arnica. The temperature is reduced as you would put out a fire by pouring water upon it. Trousseau's practice of plunging the patient suddenly into cold water is, I think, unnecessarily harsh, cruel and dangerous. The more agreeable, gradual reduction in temperature avoids the shock to the nervous system produced by the sudden plunge, and which cannot be I think devoid of danger. The intolerable itching which is often present may be relieved by adding a little baking soda to the water used in sponging. I would not recommend the application of oils for this purpose as I think it has a tendency to increase temperature and interfere with that free action of the skin which is so desirable. There are sometimes occasions when the erythematous condition of the skin is such that the application of the favorite remedy in burns is indicated (viz., olive oil and lime water, equal parts, and five drops of kreasote to each ounce) unless the other excretory organs are doing good work and the temperature be not very high, the application should not be allowed to remain very long at a time. The same remedy may be well used by being gently injected into each nostril—a teaspoonful to each—by means of a bulbous pointed urethral syringe, thus relieving the interference with breathing, removing the products of inflammation and soothing the resulting irritation. As an internal remedy as well as locally applied to the throat, the muriated tincture of iron diluted with glycerine, is very valuable, bearing sometimes a similar relation to scarlet fever and diphtheria that it does to erysipelas. I believe chlorate of potash is frequently productive of harm, and there are so many remedies infinitely better that I have seldom used it during the past five years.

I am with those who hold—and I think they are in the majority—that whenever a pseudomembrane occurs upon the inflamed mucous surface in scarlet fever, true diphtheria has supervened—particularly if the patient lives in a locality where diphtheria prevails. There is abundant evidence that scarlet fever may occur in an individual along with another acute infectious disease.

A very efficient local application to the throat, both in scarlet fever and diphtheria, is oil of turpentine, as may be indicated. No healthier application was ever applied to a mucous surface. It may be given internally with very happy results as a general stimulant and a special stimulant of the glandular system.

A dangerous complication and one which can be avoided in the majority of instanes, if the proper watchful care is exercised—the police surveillance previously referred to—is nephritis. The indications are to relieve the disabled organs by shifting the work of excretion to the skin and bowels and the rest of the secretory system. Diaphoresis may be secured by warm baths and subsequent wrapping in blankets, and the administration of the ever reliable benzoate of soda, sweet spirits of nitre and citrate of potash. If the remedies be given when the surfaces are cool, diuresis rather than diaphoresis, will be the result.

To relieve this condition however, the most desirable and reliable remedy isthe active principle of joborandi, pilocarpin. It is tasteless and easily administered by the mouth or hypodermically, and is as much to be depended upon in this emergency as is quinine in malaria. The dose in the mouth is one-fortieth to one-twentieth of a grain every hour or two carefully watched and increased if desirable. The effect is sometimes depressing and needs to be met by the judicious exhibition of whiskey toddy.

SOCIETY PROCEEDIFGS.

CHICAGO MEDICAL SOCIETY.

OFFICIAL REPORT.

Stated meeting, February 1, 1886. The President, C. T. Parkes, M. D., in the Chair.

Dr. J. Suydam Knox read a paper entitled

QUINSY AS A RHEUMATISM.

The author reported the treatment of fifty cases of the disease. In forty-five cases (95 per cent) there was a positive rheumatic dia-

thesis. Forty of these cases were cured in thirty-six to seventy-two hours without suppuration. The treatment was salicylate of sodium, and hot alkaline gargles, or the repeated insufflation on the tonsils of bicarbonate of soda. Five cases, decidedly rheumatic, were not benefitted by similar treatment. Five cases, not rheumatic, were not benefited, and at the end of forty.eight hours, the ordinary treatment of quinsy was followed. Only one of these cases did not suppurate. The doctor concludes that a large majority of quinsies are rheumatic inflammations: 1. From the percentage observed. 2. From the success of anti-rheumatic treatment. 3. From the similarity between the symptoms of quinsy and rheumatism.

Dr. Knox said that wherever possible he used an insufflator and blew bicarbonate of soda directly on the tonsils, using as much as 30 grains, and allowing it to remain on the tonsil as long as possible, to be followed by a gargle of water as hot as could be borne, and to be continued until the throat was cleared, which would take from half an hour to two hours. He sometimes used carbolized lime-water, with morphia.

Dr. J. S. Knox said that he could not say as to every case, but that where suppuration takes places it is usually in the gland, an abscess is formed from glandular inflammation and suppuration takes place through the gland.

Dr. A. B. Strong reported

A Case of Intubation of the Larynx for Acute Catarrhal Laryngitis with Recovery.

He said the patient was a child, æt. 2½ years, delicate and small for her age. She had been sick thirty-six hours when it was decided that intubation was imperatively demanded, and it was done. Instant relief was obtained. The act of introducing a No. 3 tube had caused such an abundant ejection of the mucus, and the breathing was so easy, that the tube was withdrawn, and the child passed the night comfortably. However, at 4 p. m. of the succeeding day, the tube was re-introduced with the same success, but about twelve hours after the child caught hold of the thread and withdrew the tube. The No. 2 tube was then placed in position and remained there sixty-eight hours, when recovery was complete. Dr. Strong said intubing the larynx has advantages over tracheotomy in being quickly performed, furnishing instant relief without cutting or bloodshed, being free from danger, and readily assented to by the parents. The care of the patient after operation is slight, as compared with tracheotomy, as the tube does not have to be interfered with, nor does it often clog up. The tubes as now made, those of Dr. O'Dwyer, are not easily coughed up. It is easier to introduce than to remove the tube, owing to the fact that if the thread is left in the mouth it causes coughing and difficulty in swallowing. It was observed that during the thirteen hours the child wore the tube with the thread she had more difficulty in swallowing than subsequently when the thread was withdrawn, the thread being drawn across the epiglottis probably interferes with it closing the glottis during deglutition. Besides, the thread requires constant watching lest the child grasp it and withdraw the tube. Still, in case a mass of mucus should lodge against the lower end of the tube and stop respiration, the thread might be the means of saving the child's life by allowing the tube to be speedily withdrawn.

The President said it was a matter of surprise to him that so small an opening would allow the exit of secretions, as in the case just reported. It had been his experience that recovery always follows cases of catarrhal laryngitis. However, in these cases, he thought the introduction of the tube might be of great benefit in relieving difficult breathing or dyspnea, and in allaying the fears of friends. He was aware that a very small opening gave air sufficiemt for inspiration for some hours. He once operated on a boy about 5 years old in whom the trachea by improper manipulation was turned in some way, and the incision made in the side of the trachea. When the external tracheotomy tube was introduced into the wound, the child breathed quite well, the suffusion of the face passed away and the lips became red, but still the breathing was not satisfactory to the ear. He then tried to introduce the internal tube and found the child had a return of all the symptoms of suffocation. On removing the external tube at the bottom of the wound the trachea was seen unopened. The child recovered. The President said that while the tube was in this bad position he looked into it through the fenestrum,and at the bottom of the fenestrum was an opening through which the smallest probe could be introduced into the trachea, which enabled the child to inspire air enough to relieve the urgent symptoms. He thought that in a case of true diphtheritic laryngitis an opening of the size of the tube under discussion could, in his opinion, not give exit to any such amount of secretion as is frequently seen during an operation. He did not think that intubation of the larynx

would take the place of tracheotomy; it no doubt is of great benefit in those cases where the patient is likely to die unless some measure be quickly adopted which will give time enough to allow the operation of tracheotomy. In the case under discussion the tube was worn sixty-eight hours continuously. He had not seen a case of tracheotomy where the closure of the fenestra gave evidence that the trouble with the larynx or glottis was overcome in less than six days. This was the shortest time in which he had been able to remove the tracheotomy tube.

Dr. F. E. Waxham said that from his experience with intubation of the larnyx he was thoroughly convinced of its utility, and its superiority over tracheotomy. He had eight recoveries out of his first seventeen cases, a result which he claimed could not be approached ed by tracheotomy, especially in Chicago. The ages of the patients varied from 11 months to 5 years; he considered these eight cases as being saved from certain death, as in only one case would tracheotomy have been permitted by the friends, and he had the corroborative evidence of other physicians as to the impending danger, and the urgent necessity of surgical inteference. Since his last report he had had a number of cases, and had performed the operation four times during the last week, one patient being only 11 months old, suffering from both laryngeal and pharyngeal diphtheria; the urgent symptoms were at once relieved. In another case aged 18 months, where death was impending, the tube was introduced without difficulty and the child relieved, and recovery would without doubt have been the result had not the child died of pneumonia on the second day. In another case, one of malignant diphtheria in a child of 2 years, the patient succumbed on the second day after the operation. In another case he found the patient cold and livid, pulseless, and unconscious. After the tube was introduced cold water was dashed on the child's face, and in about five minutes he looked around and asked for his father, took some milk and passed into a quiet sleep. This child died from pneumonia three hours later. Dr. Waxham said that in the eight cases that recovered, in every instance false membrane was observed; when the tube was introduced the membrane was ejected, either in large flakes or broken-down masses. He recommended that in treatment after intubation nothing at all irritating should be given, as when a child takes fluid of any kind a few drops will trickle into the trachea and cause violent coughing, and this irritation will often lead to pneumonia. In a child rugged and strong bichloride of mercury may be given to hasten disintegration of false membrane. The most remarkable case coming under his observation was a child of 4 years upon the verge of suffocation, when, upon the tube being introduced, a considerable portion of false membrane was thrown out through the tube and the violent symptoms subsided at once. The thread was removed, and the second day after the operation the child was playing about the room and continued about the house during the four days that the tube was worn, and finally made an entire and perfect recovery. Dr. Waxham thought that in regard to the comparative value of tracheotomy and intubation very much might be said. The textbooks give as the percentage of recoveries from tracheotomy about one in three, but these statistics are made up from the most favorable reports. If a physician has one recovery out of three or four cases he is justly proud of it and reports the case; on the other hand, if there is one recovery out of fifteen or twenty cases, no report is made. He had known one physician to have operated fifty times with but two recoveries. Dr. Waxham thought that the thread should always be removed, as it is a constant cause of irritation, and that no difficulty need be experienced in removing the tube with extractors. He thought intubation had a grand future.

Dr. E. Fletcher Ingals did not take an enthusiastic view of intubation excepting for young children, when he thought it would be found more satisfactory than tracheotomy. In very young children trachetomy does not result well, and he thought intubation would be unsatisfactory in older ones until we have larger tubes. He stated the accepted opinion of surgeons to be that a tube of less than one-fourth of an inch in diameter can not furnish sufficient air for a child to live on. Dr. Ingals thought that Dr. Waxham had been remarkably successful with intubation, and had demonstrated its utility, for which he deserved credit. Dr. Ingals thought that intubation of the larynx is preferable to tracheotomy in children less than three and a half years of age; children much older than this cannot get a sufficient amount of air through the tube now in use. He said, also, that in performing one operation he had had trouble with the gag, which was not large enough for the child, a boy of five years, who lifted his teeth from the gag and closed them on the doctor's finger. He thought that there was no need of the thread remaining, as there could be little difficulty in removing the tube. Dr. Ingals thought that in cases where it is difficult to get the consent of friends, or where

the conditions are such that tracheotomy cannot be performed right away, intubation would be of value; there are cases, not membranous, in which intubation may be of value. The statistics looked pretty bad for tracheotomy, but he had seen statistics of fifteen or sixteen cases where half of them were recoveries. His success had not been quite so good, but he attributed this mainly to the fact that he had operated on five children who were almost dead, or at least had stopped breathing before the operation began. He had the good fortune once to save a child who had not breathed for what seemed to him twenty minutes. One of the strong points in favor of intubation is that it may be done early, and it does no harm even if unnecessary.

Dr. H. T. Byford said there was another way of drawing the line which would more accurately describe the usefulness of the two operations. Intubation seemed to him the operation for private practice, and statistics so far are comparatively favorable to it as such. But the co-operation of the patient's friends, the preparation of the inspired air by passage through natural channels, the freedom of intubation from grave responsibility, its bloodlessness, the simplicity of treatment afterwards, as well as the greater rapidity with which the mucous membrane around the vocal cords will get well, are conditions which have less bearing in hospital practice, where we have trained nurses and all modern appliances, and there is more hope of success in tracheotomy. While he did not think this latter operation favorable for private practice, such advantages as having the tube under the eye, and within reach of the fingers of an attendant, the ease of local medication, the possibility of removing shreds of membrane and plugs of mucus, and of inspecting the parts by removing the tube, and the longer time the tube can be retained, these are things that do not pertain to intubation, and which, in hospital practice, must secure for it some consideration. He said that there was one clinical fact that had not been mentioned in this connection, yet which, more than all other things put together, accounts for the success of intubation and the failure of tracheotomy as life-saving measures; in the one the patient can cough; in the other he can not. After intubation the patient can normally close the glottis, compress the inclosed air in the lungs, and with sudden explosive force expel everything that is sufficiently loosened. This accounts for the fact that with such a small tube the patient experiences no difficulty. After tracheotomy the patient has no means of compressing the air and expelling it with sudden explosive force; he can simply inspire and expire forcibly and after exhausting efforts get rid of a little of the mucus. This desperate condition of affairs has led some surgeons to employ the dangerous and barbarous custom of introducing feathers or other irritants into the tube to stimulate the mucous membrane, which excites the patient and scatters the mucus both upwards and downwards. When somebody invents an appliance which will enable the patient to really cough through the tube, then tracheotomy will be placed upon a rational basis, and will stand some chance of becoming a useful operation. The doctor thought tracheotomy had a poor showing for its years of trial.

Dr. G. C. Paoli said that malignant diphtheria is a morbid poison, and that in epidemic cases there are very few recoveries. He stated that in such cases exudation takes place in the larynx or pharynx, and that an operation would only result in sending the patient more quickly to another world.

Dr. W. E. Quine said that he had operated twelve times for tracheotomy and had not had one recovery in diphtheritic cases. He knew that he was not alone in an experience of unvarying failure in cases of this kind; and he knew some surgeons now regard tracheotomy with very little enthusiasm. It seemed to Dr. Quine unfair to place intubation of the larynx in contrast with tracheotomy upon the basis of the assumption that tracheotomy is always a dernier ressort; that it is done when the patient is absolutely moribund, and that intubation is done under the most favorable circumstances. This is not the fact. Dr. Quine said he was personally cognizant of two of Dr. Waxham's cases in which the patients were in extremis, and in which death would undoubtedly have occurred in two or three hours had not relief been afforded. Surgeons rarely had occasion to perform tracheotomy under more discouraging circumstances.

Dr. J. J. M. Angear said he wished to call attention to a physiological and anatomical fact that had not been alluded to, viz.: that the arytenoid cartilages are not mature and that the chink of the glottis is held open by positive muscular action in small children, whereas in adults and older persons the arytenoid cartilages are mature and the chink is never closed. Dr. Angear said that a large number of children who suffocate will suffocate when there is no membrane present to cause suffocation, but simply some diseased condition that has interfered with the action of the delicate little muscles that draw back the arytenoid carti-

lages. When inflammatory action has interfered with these muscles drawing back the arytenoid cartilages, some mechanical interference like this tube will assist these muscles to keep the chink of the glottis open and let air in. He thought that a large number of children who died of diphtheria did not choke to death, but died of poison in the system, and he did not think either the tube or tracheotomy, or any other process, could save them. If there was interference with the opening of the chink of the glottis he had no doubt the introduction of the tube would save the life of the child.

Dr. J. S. Knox said that the curse of tracheotomy the subsequent thoracic complications, either heart clots or congestion and inflammation of the lungs, producing fatal results, and the reason probably is that tracheotomy is the final resort in cases of laryngeal obstruction. He thought that if tracheotomy were performed as early as intubation, there would be fifty per cent of recoveries. The great advantage of intubation is that it can be performed early, and the early operation of intubation would no doubt save many a life that tracheotomy would not save performed late. He thought that tracheotomy performed as early as intubation would show as good results.

The President said that he did not intend to say anything against the practice of intubation, but he did not believe that it would take the place of tracheotomy. Intubation has had but a very short trial, and it is not yet time to pronounce it better than tracheotomy. The early experience of the president in tracheotomy had been almost the same as that of Dr. Waxham in intubation. In the first fifteen cases operated on but half of them recovered, and his later experience was better than that reported by Dr. Waxham, as within the last month he had had three cases of tracheotomy, all recoveries, while Dr. Waxham reports four cases of intubation, all fatal. So far as his own personal experience went, he thought tracheotomy had the advantage. The president thought that if he should put a tube in a child's throat for the relief of laryngitis and the child died without his having performed tracheotomy, he should consider himself very mueh to blame. He had no doubt that cases of extreme diphtheritic laryngitis got well after tracheotomy; he had seen diphtheria of the pharynx and of the larynx recover after tracheotomy. Although he did not feel enthusiastic about intubation he thought it had a very good place and in many cases might be very useful, but could never supplant tracheotomy.

Dr. Waxham said he had never found the tube occluded when it was removed. In one case when he introduced the tube a portion of the membrane was crowded down ahead of it, obstructing it entirely, and the tube was ejected and was then completely filled with membrane; the child recovered subsequently. On removing the tube on the fourth or fifth day he did not find it occluded.

Dr. A. B. Strong said, in conclusion, that he had had some experience with tracheotomy, having had twelve cases with but one recovery. He had no doubt that in cases of diphtheria the membrane could come up through the opening. The case read was reported as spasmodic croup, and was not supposed to be one of false membrane, but he believed that the child would have died without interference, and that belief was shared by Dr. Danforth, the attending physician. Dr. Strong said that he would hardly feel safe in leaving the tube in the trachea of a child without the thread. He agreed with the President that large pieces of membrane could not readily pass through such a long tube. In the case reported the tube was entirely free from membrane or pus when taken out.

CORRESPONDENCE.

NEW YORK LETTER.

New York, Feb. 15th, 1886.

Editor Review: The past week has witnessed the burial of the oldest of our prominent surgeons, Prof. Alfred C. Post, who died from a cystitis to which he had for many years been subject. His professional career covered a period of nearly three score years, and he died at the ripe age of eighty-one. Up to the week before his death, he continued in the active discharge of his social, hospital and professional duties. He was a landmark in every sense of the word. He was always on hand at the important surgical clinics, and his advice was always valued. His fertility of resource and his great capacity for work during these later years have indeed been a marvel. His work as a surgeon has always been remarkable: perhaps it will be remembered especially for his skill in plastic operations for the removal of cicatricial deformities. His skill, his learning, and above all, his spotless life, have made for him a lasting reputation.

The death also of Gen. Hancock caused gloom throughout the city. His disease was diabetes, and his death hastened by a complicating malignant carbuncle.

The annual reports of the various charitable institutions for the year 1885 are now pouring in.

That of the Manhattan Eye and Ear Hospital lies before us. This institution is supported by voluntary contributions, and is "designed for the indigent only, all others being excluded by the express order of the directors." During the year over eight thousand, three hundred patients were treated in its dispensary at a cost of $17,413.49. The professional work of the various departments (which includes diseases of the throat and of the nervous system) is done by a corps of forty-seven physicians. The institution finds itself some seven thousand dollars in debt, and makes an earnest appeal for funds.

Attention has been called by circular, to the St. Ann's Maternity, in connection with the N. Y. Foundling Asylum, which is managed by the Sisters of Charity. The terms for patients occupying private rooms range from six to twenty-five dollars per week for board, with the extra charge of from forty to seventy-five dollars reception fee.

In connection with this institution, I am reminded of the throat tube devised by one of the attending physicians, and from his name known as "O'Dwyer's tube." Its use is designed to replace the necessity for tracheotomy in laryngeal obstruction from inflammatory causes. It consists of a tube about 2.5″ long, with a somewhat elongated rounded top, and having a fusiform swelling just above its lower end. The latter prevents it from being expelled from the larynx in expiration, while its flange-like top prevents it from passing down. When it is to be used a gag is placed in the child's mouth on the left side, while the left forefinger of the operator is passed over the epiglottis down to the rima glottidis. The vocal cords are cautiously separated by the finger, and between them the tube is passed, so that its middle is opposite the cords. The passage of the tube is effected by means of an instrument consisting of a handle and a long shank, terminating in a movable arm at right angles to the main part. The arm fits into the tube, and can be moved by a spring on the handle. In this way the tube can be passed into position, when a movement of the spring on the handle dislodges it from the arm. The results attending its use at the foundling asylum have been fairly encouraging, considering what is the usual prognosis in diphtheria, the disease in which it has been most frequently used.

At the last meeting of the Pathological Society, Dr. Prudden presented a specimen illustrative of chronic endocarditis with interstitial myocarditis following inflammatory obstruction of the coronary arteries. The patient was a male, æt. 52, sailor; mother phthisical; patient had rheumatism seven years before; had had primary sore with bubo; one hemoptysis. Was admitted to hospital cyanotic, with dyspnea; pulse 120. Scattered râles over chest; urine negative. Grew somewhat better, but relapsed and toward end of the disease temperature rose to 102°. At the autopsy, lobar pneumonia was found in upper right and left lower lobes with a moderate degree of chronic diffuse nephritis. The heart and supplying arteries were affected as before stated. There were also evidences of obliterating arteritis in various parts of the body.

A brief discussion then ensued as to the true significance of the so-called "arterio-capillary fibrosis." Dr. Carpenter remarked that in this condition the kidney vessels were not always affected. Such changes had been thought by some to result only from syphilis, but that idea was now exploded.

Dr. Waldstein thought that the age was a very important factor regarding the state of the vessel walls, no matter what might be the cause of death. If the ordinary senile changes had set in, of course we should find the kidney vessels changed. Yet, there were many cases of Bright's disease where we find no degeneration of the vascular structures.

Dr. Prudden remarked that we cannot always infer degeneration in one set of vessels from its existence in another.

Dr. Holt presented specimens from a child æt. 7 months, who died after an illness of three weeks. The illness began suddenly with fever running rapidly up to 104°. There were no throat symptoms or evidences of cerebral trouble. Urine negative. There was slight diminution of breathing over posterior chest with a few râles. A week later she began to emaciate; the fever continued; pulse ran up to 160, and respiration varied from 30 to 50. There was no vomiting, bowels rather loose; abdomen retracted; opisthotonos; drowsiness. The urine now had ten to fifteen per cent albumen with immense numbers of casts, much pus and blood. Gravity 1013; quantity not much changed. Acute miliary tuberculosis was suspected. The child died in coma, having had slight twitchings.

At the autopsy a moderate amount of bronchopneumonia was found, but the chief interest centered in the kidneys. They were large, soft and surfaces covered with small, white bodies, slightly elevated, which were also seen on section. Capsules non-adherent. An abscess was found in one of the pyramids of the left kidney. The organ was generally cloudy. There was intense suppurative nephritis,

To reduce the temperature in this case, antipyrine had been used in doses as high as fifteen grains, distributed over two or three hours without ill effects. J. E. N.

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LANOLINE.—A NEW OINTMENT BASIS.

It is only a few weeks since Professor Liebreich, of Berlin, made us acquainted with a new substance styled lanoline, that he suggested would be of value as a basis for ointments. Our readers remember that lanoline is a peculiar fat derived from the keratin-tissues, such as hair, hoof, and feathers and wool. From this latter source of derivation the term "lanoline" was chosen.

Lanoline is a cholesterin-fat; the fatty acids are united with the cholesterin of the epidermoidal structures enumerated.

It is remembered that the especial qualities claimed for lanoline are that it does not become rancid; that it is rapidly absorbed and that it rapidly takes up water. These are points of excellence over the known bases of ointments that must at once give lanoline a place in the hands of the dermatologist.

The first report on the extended use and study of the therapeutic qualities of the substance comes to us in the Berliner Klinische Wochenschrift, from the private clinic for skin diseases of the well-known specialist, Dr. Lassar.

The brief time of trial does not permit of definite and positive conclusions as to the value of lanoline, when we consider the pronounced variability that obtains in the development and course of skin diseases, especially. Still the large number of cases at Dr. Lassar's disposal have enabled him to give expression to an opinion with reference to the good we may expect from the innovation.

In first order Lassar determined the foundation of the assertion that lanoline is more rapidly and completely absorbed than the old vehicles. Lassar reminds us that there is quite a percentage of patients that can not bear the application of the ordinary fat-ointments, especially after they have become decomposed and rancid, by liberation of the fatty acids. He makes reference to the well-known edema and increased irritation that ensue in such individuals. The use of vaseline as a substitute for the ordinary fats does not appear fully to meet this peculiar susceptibility of some individuals. There is in some persons a pronounced idiosyncrasy, leading to pustulous dermatitis, furuncular folliculitis, etc., even if pure vaseline or a paste embodying zinc and vaseline be used.

With respect to lanoline, Lassar reports the uniform result that a quantity of this peculiar fat when rubbed upon the skin disappears completely in a brief time. If vaseline be used for inunction the skin remains glistening, notwithstanding particular effort be made to rub in the whole mass, showing that all is not absorbed. With lanoline the result is different in this, that the skin is turgescent and firm, and almost perfectly dry. The lanoline is altogether absorbed. Even inexperienced persons can distinguish by the touch the great differences of the surfaces rubbed with lanoline and such treated with vaseline.

In order to exclude all subjective sources of error, a few experiments of quantitative determination were made. Circumscribed areas of equal size were treated with equal quantities of lanoline and vaseline by practical nurses. The result by the watch was much in favor of the lanoline as concerns completeness and rapidity of absorption.

These results proved the superiority of lanoline in this respect. In addition to these trials, Lassar experimented upon dead integument and found a rapid absorption to take place. Subsequent microscopical examination showed the lanoline, and the metallic

substance embodied in it to be present in the meshes of the corium and in the lymphatics.

All this, then, proved that lanoline is eminently serviceable in the treatment of processes that go on in the deepest layers of the integument.

The next point to be determined was whether lanoline is not followed by any reactive symptoms on the part of the skin, healthy and diseased. To get at this Lassar substituted lanoline for vaseline and glycerin-fats in all the cases, about four hundred in number, that he treated since November. Not a single instance of any untoward effect was noticed. Even the most irritable condit on could be treated with lanoline to advantage. As examples, Lassar reports the cure in a week by means of a two per cent salicylic-lanoline ointment of a purulent eczema of the scalp and face. Also the complete cure of a case of impetigo contagiosa in ten days, by an ointment made up of two parts of salicylic acid, fifty of lanoline, and twenty-five each of oxide of zinc and starch. Another instance of the efficacy of the basis is the cure, in a short period, of an eczema of the leg that had resisted all previous treatment. A further case, remarkable in that it demonstrates the innocuousness of lanoline, was one of severe pityriasis versicolor. The patient had suffered severe itching for many years, and no treatment proved of benefit. Three inunctions of two parts of salicylic acid, ten of precipitated sulphur, and ninety-eight of lanoline destroyed the fungus.

In cases of scabies, of tylosis, of sycosis, and the several forms of acne, Lassar employed an ointment with lanoline of a composition similar to Wilkinson's salve. The formula is:

℞. β—Naphthol, 5, 0-10, 0
Sapon. virid.
Cretb-al.
Sulph. precip.
Lanolin. aa. 25.0.
M. D. S.

The ointment promotes desquamation and cleanses the skin of comedones and parasitical infestation.

Resorcine in a five to ten per cent lanoline ointment was found very effective in herpes tonsurans.

Lassar gives it as his opinion that in all superficial processess or where it is desirable to preserve the surface pliable and covered by a protective film, that vaseline be combined with the lanoline. The lanoline, on account of its complete absorption, leaves, as it is at present manufactured and offered by the trade, the skin somewhat dry and harsh. In instances where absorption is the chief desideratum, the substance is indispensable. Psoriasis is considered the prototype of such an indication. It is essentially an endermatic disease, and this prompted Lassar to look to lanoline as especially efficacious. He had an excellent result in a most pronounced case that came to him with a large number of characteristic efflorescences. Ten inunctions of a twenty-five per cent chrysarobin-lanoline ointment sufficed to clear the skin of every vestige of the affection. With this treatment the ordinary methods were combined, such as baths of sublimate, washing with green soap, and the use of tar. In the use of lanoline with the chrysarobin, Lassar found an advantage, owing to the rapid and complete absorption, to be, that dermatitis of the healthy skin and ophthalmia, that often develop through the chrysarobin, are not so frequent.

For general innunction in syphilis of mercury and of iodide of potassium, lanoline is most suitable. A mixture of equal parts of green soap and an ointment of iodide of potassium in lanoline proved of good effect in the treatment of indolent exudations, lymphatic swellings, orchitis, etc.

Aside from all of the physiological and therapeutic preferences of lanoline, we learn that from a pharmaceutical standpoint lanoline is to be recommended on account of the readiness and ease with which all possible therapeutic agents can be mixed with it.

The Action of Chlorate of Potash.

J. von Mering, of Strassburg, has written up an exhaustive study of the physiological,

toxic and therapeutic action of chlorate of potash.

He finds that the larger amount of the salt passes through the kidneys unchanged, but that a portion is reduced in the blood. The exhibition of the salt is accompanied by increased excretion of water and increased albuminous waste. The degree of the blood alterations was found to be in a direct relation to the degree of fever and to the amounts of the salt given. The other chlorates, those of sodium, baryum, calcium and ammonium, have a similar effect upon the blood. This change consists in a reduction of the $K\ Cl\ O_3$ by the oxyhemoglobine to K Cl; methemoglobine results.

Two forms of intoxication are to be distinguished, the one acute, the other subacute. The symptoms of acute poisoning are dyspnea, cyanosis, vomiting, profuse diarrhea and heartfailure. Post-mortem examination shows the blood of a chocolate color. No other lesions are usually found with the exception of insignificant alterations in the kidneys.

The symptoms in the subacute poisoning are jaundice, livid discoloration of the skin, vomiting of biliary matter and epigastric tenderness, diarrhea, swelling of liver and spleen, albuminuria, oliguria, anuria, etc. Uremia is the cause of death. The autopsy shows the peculiar blood changes referred to. The tumefied spleen and liver are filled with broken down red corpuscles; pronounced renal lesion and discoloration of the medulla of the bones are also found.

According to von Mering the following considerations should guide us in the administration of the remedy: first, the salt should be given after meals; second, quite an interval should occur between the several doses; third, the salt should not be given in high fevers on account of the diminished alkalinity of the blood; nor in respiratory trouble such emphysema, pneumonia and the dyspnea attendant upon obstruction of the larynx by croup and diphtheria and the cyanosis of valvular disease of the heart—a contraindication exists also in renal mischief attended by diminished excretion.

In cases of poisoning by chlorate of potash an emetic may be given or the stomach emptied by the syphon-tube. Next in order large doses of bicarbonate of soda should be given, with a view to establishing an increased alkalinity of the blood. The toxic effect upon the red blood corpuscles is most deleterious and marked in a neutral or weak alkaline fluid. For the stimulation of the kidneys large amounts of milk and water may be given. No drink containing carbonic acid, such as champagne, and no mineral acids are permitted, on account of their effect in reducing the alkalinity of the blood.

The author recommends the use of chlorate of potash in stomatitis, mercurial and ulcerative, in ozena, caries and ulcerations. He pronounces against its use in diphtheria, excepting as a gargle. The maximum dose for an adult is, according to von Mering's study, two grams (one-half dram) pro dosi, eight grams pro die. Children from ten to fourteen years of age should get a diurnal dose of not more than four grams (one dram); smaller children, from one to ten years old, should have administered not more than two to three grams pro die; infants only one gram at most.

Medication in Diabetes Mellitus.

We notice in the St. Petersburger Medicinische Wochenschrift an abstract of a valuable paper by Otto Dornblueth, of Rostock, on the theory and practice of the medication of diabetes.

Dornblueth watched in four cases of diabetes the influence first of a strict antidiabetic dietary regime, and in second order the influence upon the excretion of the sugar of several medicines, such as salicylate of soda, iodoform, carbolic acid, and salicin.

The result in all the cases was that the iodoform had no influence at all upon the quantity of glucose and, correspondingly, did not improve the general condition. The other remedies, however, exercise a decided beneficial influence on the diabetic symptoms. It was shown positively that the excretion of

glucose was markedly diminished, yea, entirely checked, after a previous dietary alone had not proven efficient. Further, it is shown that the increased elimination that follows the consumption of amylaceous food is compensated to a certain degree by administering the drugs mentioned together with such food. Again, the influence of the medication became manifest in an increase of weight, strength and improved subjective sensations. No cure is reported, merely a positive amelioration.

As regards the value of the several agents, we learn that the carbolic acid is not so reliable in its effects, and its toxic influence is to be feared in the large doses (one-half gram three times a day) that were necessary in some instances to obtain a marked influence.

The salicylate of soda and the salicin rank together as far as effectiveness is concerned. But the salicylate shows drawbacks in that the salicylic acid causes violent headache and tinnitus aurium, and even hemorrhage into the inner ear. The soda-salt is soon rejected by the stomach, large doses being necessary in grave cases.

The salicin does not upset the digestion; the intensely bitter taste is not complained of, while the sweetish taste of the salicylate disgusts the patients. Although the febrifuge influence of salicin is supposed to be due to its conversion into salicylic acid in the economy, and this might cause us to look for the signs of intoxication that follow the use of the salicylic acid as such, or as a salt still single doses of three to eight grams and diurnal quantities as high as eighteen grams were well borne.

Dornblueth is of the opinion that a dietary alone is not sufficient in the treatment of diabetes. In the first place there are patients that cannot exist on an exclusive animal diet. Digestive disturbance often arises and such an exclusive diet is said to cause fatal acetonemia. The compensating influence of the drugs permits the cautious use of some amylacea, which is quite a gratification to the sick.

The salicin is suggested in doses of three to six grams three times a day before meals. The glucose amounts should be watched and if a minimum is reached a daily ration of amylaceous or leguminous food may be allowed. It is only necessary to give one dose of salicin previous thereto, and no glucose will appear.

A Characteristic of the Tubercle Bacillus.

In staining tuberculous sputa we find the bacilli in many instances presenting themselves not as a continuous delicate rod, but as made up of a succession of small dots, thus having a rosary-like appearance. This condition has been generally supposed to be an expression of the multiplication of the bacillus; the dots were considered spores. Professor Voltolini has found however that this beaded appearance can be brought about constantly by exposing the dried film of sputa to the action of concentrated nitric acid for a few seconds previously to staining by the accepted methods. From this circumstance Voltolini concludes that the beaded appearance is due to albuminous coagulation and not to the formation of spores. Voltolini find that no other acid accomplishes this peculiar effect. He also tested the behavior of the leprabacillus, that has so many points of resemblance to the tubercle-bacillus, under the same influence and found that it remains unchanged. He considers the beaded appearance as a characteristic of the tubercle bacillus and believes his process a valuable one in the determination of an exact diagnosis in a given case.

In this connection we wish to make reference to a modification of Ehrlich's method of staining the tubercle-bacillus. Fuetterer of Wuerzburg stains the sections or dried sputa first with fuchsine as described by Ehrlich; the specimen is then decolorized by immersion in absolute alcohol with a few drops of dilute nitric acid. This leaves the specimen still of a light pink hue. In order to extract all the staining the specimen is then exposed for a minute to a 1:500 solution of chloride of

palladium. This procedure intensifies the fuchsine-stain of the bacilli. After washing in water the specimen is ready for mounting.

REPORTS ON PROGRESS.

OBSTETRICS AND GYNECOLOGY.

BY W. L. BARRET, M. D.

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6. Parametritis Posterior.—Nieberding.—Canada Med. and Surg. Jour., Feb., 1886.
7. Electricity as a Therapeutic Agent in Gynecology.—Mundé.—Am. Jour. of Obstetrics, Dec., 1885.
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10. Removal of the Ovaries in the Treatment of Uterine Fibromyomata and of Unrestrainable Menorrhagia.—Duplay.—Archives Gén. de Méd., July, 1885.

1. Rupture of the Perineum.

The American Journal of the Medical Sciences, for January, 1886, thus summarizes the remarks made on this subject by Dr. F. H. Hamilton at a recent meeting of the New York County Medical Association.

"Rupture of the perineum," he said, "may be due to one or more of several causes. (1). The perineum itself unusually deep in antero-posterior direction, or thinner, more delicate in structure, and less elastic than natural. (2). Deficient curve in sacrum and coccyx. (3). Large unyielding head. (4). Too rapid descent of presenting part under the influence of strong uterine contractions. (5). The use of forceps, especially when retained in place until the head has passed the vulva, or when, by their use, the labor is so much expedited that the perineum is 'taken by surprise,' or the head of the child has been brought down to the lower strait before it has been properly moulded.

"The practice of 'supporting the perineum' Dr. Hamilton looks upon as useless, except where pressure is made for the purpose of carrying the head forward toward the pubes, in those rare cases in which, from the lack of curve in the sacrum or coccyx, or from any other cause, the head fails to take that direction.

"He is entirely opposed to the immediate or primary operation for ruptured perineum, on the following grounds: (1). The rent under judicious management frequently becomes partially and sufficiently closed spontaneously, so that in some cases operation is unnecessary. (2). The extent of the lesion immediately after delivery often cannot be accurately determined. (3). The already prostrated condition of the patient and the contused state of the tissues, render any operation at such a time undesirable. (4). The liability to failure after operations performed under such unfavorable circumstances is much greater than in secondary operations.

2. The New Sign of Pregnancy.

Hégar was the first to note the fact that the lower segment of the gravid uterus is yielding and compressible, thus contrasting strongly with the thick and firm cervix. This change is most distinct at the middle portion of the lower segment of the uterus, especially in the median line, the sides being much firmer and resisting. The Amer. Jour. of Med. Sciences, Jan. 1886, gives the method of eliciting this sign employed by Compes, who publishes in the Berliner Klinische Wochenschrift, Sept. 21, 1885, the results of observations which confirm Hégar's discovery, and who has formed a high opinion of its value in

diagnosis. "The examination is made in the following way: The thumb is introduced per vaginam until it reaches the portio vaginalis, and the index finger per rectum till it gets past the sacro-uterine ligaments which correspond to the level at which the cervix joins the lower uterine segment, (this procedure is often "facilitated by previously washing out the rectum). The disengaged hand is then placed on the abdomen immediately above the symphysis, and pressed down toward the index finger (in the rectum), which is pushed forward and explores the cervix, lower uterine segment (in all its portions) and, lastly, the higher parts of the uterus. The examination is facilitated by drawing down the portio vaginalis with a pair of forceps.

"Compes looks upon this sign as a positive one of great value, utilizable at all periods of pregnancy, even as early as the second month, when other signs are so unreliable. He never met with it except during pregnancy, and believes the increased compressibility of the lower segment of the uterus (forming, as it does, the thinnest part of that organ) to be due to an infiltrated and succulent condition consequent upon pregnancy, and that the uterine contents can be pushed into this lower uterine segment in consequence of the increased elasticity of of the wall of the upper segment of the uterus. It is, moreover, an almost certain sign of pregnancy, occurring, as far as is known, in but one other condition (retroversio uteri), and in that it is comparatively little developed. In only one of the cases of pregnancy which Compes examined was this sign absent." He once found it so strongly developed (a fifth month pregnancy), and so great was the laxity of the anterior uterine wall, that it was possible to take up a fold of that wall and grasp it between two fingers.

3. On Premature Detachment of the Placenta due to Nephritis.

The following case was one of three recently published by Winter (Zeitsch. f. Gyn. u. Geb. xi. p. 398) and reprinted in abridged form by the Amer. Jour. Med. Sciences, Jan. 1886, and will be interesting in view of the fact that the etiology of detachment of the normally situated placenta during pregnancy, a very serious accident, is very obscure.

"'A. B., aged forty, admitted July 30, 1884, in the eighth month of her first pregnancy; has suffered for six weeks from edema of legs, nephritic vomiting, and headache. Twelve hours ago sudden severe pains came on in the abdominal and sacral regions, accompanied by slight external hemorrhage; since then fetal movements have ceased.

On examination the uterus was found to reach a hand breadth higher than it usually does at her period of pregnancy, and to be extremely tense and over distended; fetal parts difficult to make out; fetal movements and heart sounds not perceptible. Contractions of the uterus could not be perceived by the observer, though periodical exacerbations of the constant bearing down pains were felt by the patient. None of the changes characteristic of labor were present, external os patulous, cervical canal and internal os closed. Moderate degree of edema of legs, face, abdominal walls, and hands. Urine clear, scanty, and contains much albumen; morphological elements too few for microscopical examination; numerous petechiæ on the body. Heart and lungs healthy; skin of a pale yellowish tint.

External hemorrhage increased during the course of the labor, so that the vagina was plugged several times; the size and tension of the uterus were both observed to increase. When the labor had lasted ten hours, the internal os opened and the membranes were felt to be extremely tense.

"The diagnosis at this stage did not seem quite clear, and, as owing to the hemorrhage an early delivery appeared desirable, turning was resorted to. On rupture of the membranes, the examining finger seemed to come in contact with soft masses, very much like blood clots, which probably lay just behind the membrane."

"A small fetus, already showing signs of maceration was extracted, and the delivery of the head was followed by a mass of fluid and

clotted blood in a state of decomposition. The placenta was expressed half an hour later, and presented a very characteristic appearance; it was everywhere greatly flattened and thinned, with the exception of an edge (half an inch thick and running along half the circumference) which looked healthy. The flattened portion was covered with coagulated blood clots.

"This observation settled the diagnosis that the placenta had been everywhere detached with the exception of the healthy looking margin; blood had collected behind it and the membranes, had caused the increase in size and tension of the uterus, and had led to external hemorrhage. The death of the fetus was, of course, unavoidable. The uterus contracted well after delivery. The nephritis soon disappeared like an ordinary case of nephritis due to pregnancy, the albuminuria rapidly diminished, and eleven days after delivery was gone. The edema also began to decrease soon after labor.

"The other two cases in the main were similar to the above, and all three closely resembled the cases recorded by Goodell and Brunton."

In these cases death must necessarily result to the fetus, whenever the placenta is almost wholly detached; the mothers, however, survived, giving in this series of three a recovery of 100 per cent as compared with the average recovery of 50 per cent.

The usual causes of premature detachment were in these cases conspicuous by their abscence, and in all three cases nephritis was present. This nephritis was thought in the first case to be due to pregnancy, and associated with hemorrhagic diathesis; in the second, the nephritis was chronic; the third is said to have been a case of typical nephritis of pregnancy, and to leave no doubt of the connection between renal inflammation and the premature detachment of the placenta. Goodell and others have drawn attention to nephritis and to edema or diminished urinary secretions as complicating this condition, but the author, so far as he knows, is the first to advance the theory that nephritis is a cause of permanent detachment.

As to treatment, "all accoucheurs are agreed that a rapid delivery followed by strong uterine contractions forms the best means of arresting the hemorrhage; whenever the soft parts allow of delivery, even of accouchement forcé (within moderate limits) it should be brought on even at some risk to the mother. But the majority of cases apply for treatment when hemorrhage has set in during pregnancy, or when pains caused by the hemorrhage have just begun to affect the cervix; in such cases forced delivery is out of the question; two methods of procedure are recommended:

'Goodell advises early rupture of the membranes, inasmuch as the uterus thus diminished in size contracts better and closes the bleeding spot; pains, also, are more likely to set in. Brunton and others consider that the pressure on the internal uterine surface of the liquor amnii and the limited extensibility of the uterus are most likely to arrest hemorhage, especially when a tampon also is used, and the membranes are not to be ruptured until everything is ready for an early termination of the labor, either by interference or not. The correctness of this latter view is supported by the result of the author's experience.

3. Kolpohysterectomy for Cancer.

Dr. Sara E. Post presents (Amer. Journ. of Med. Sciences, Jan. 1886) elaborate statistical tables, comparing the methods and results of this interesting operation. We condense the article. The mortality of this procedure was until 1885 twenty-eight (28) per cent, a rate which justified the opposition of Rokitansky in Germany, of Pollaillon in France, of Doran in England, and of Reeves Jackson in the United States. The flagging interest of the profession, as Dr. Post remarks, has been revived by the recent announcement of but an 8 per cent mortality in twenty-four consecutive cases by Fritsch, of but a 9 per cent mortality in fifty-five consecutive cases by Martin, and of sixteen cases by Staude without one death. There is an imperative demand for improved methods of treating cancer; its ravages are on the increase; and

the author adduces figures to prove that the death rate from cancer has increased during the last ten years. Roughly speaking, three-fourths of all cancers are among women, one-half of all cancers are uterine, and cancer of the uterus comprises, in Berlin, from one-fourth to one-third of all gynecological complaints.

The first extirpation of the uterus for cancer is supposed to have been done by Andreas a cruce in 1560. Two centuries and a half of darkness followed, when in 1810 Joseph's Academy of Vienna, stimulated by the results of partial extirpation in the hands of Osiander in Germany, and of Lisfranc in France, offered for an essay upon the subject a prize, which was awarded in 1814 to Gutberlet, who gave a complete set of rules for the operation, the abdominal section being made. In the next decade several operations by Gutberlet's method were done, and Delpech improved it by first loosening the vagina and separating the bladder from the cervix and then proceeding with the abdominal section. Both of Delpech's cases recovered, a vesico-vaginal fistula being left in the second case. In 1822 Sauter removed a cancerous uterus from the vagina. In these early operations the abdominal wound was closed, but no other sutures, ligatures, or drainage were employed. Récamier (1829) ligated the lower part of the broad ligament before division. We note with interest that in spite of this absence of precautions the bleeding is rereported to have been slight, and, as a rule, subsequent tying was not required. Both methods were finally abandoned on account of their unfavorable results. Out of twenty-five cases collected by West (1864), twenty-two died. The absence of anesthetics was no doubt a potent cause in determining this excessive mortality.

The third period in the history of this operation opens in 1878 with the successful removal of the cancerous uterus by Wm. A. Freund. He added to Gutberlet's method the previous ligation of the parametria in three portions before division, and the complete closure of the pelvic peritoneal wound. He was followed by Billroth, Kocks, Olshausen and others. Most of these cases recovered. Hope ran high. Freund's name was on every lip as a benefactor of his race. The reaction soon came. The mortality increased. The operation consumed from three to five hours. The tying of the third ligature was dubbed time-consuming ("zeitraubend"). Nor were accidents infrequent. By some of the best operators the ureters were included or the bladder wounded. The operation began to be variously improved, and Bardenheur, substituting an open wound with drainage for the closed peritoneal wound, saved nine out of ten cases, a record that has only recently been surpassed. But in spite of all modifications the mortality of the Freund operation remained at 72 per cent, and in 1879 it ceased to be generally performed.

In 1875 and 1876 the uterus was successfully removed per vaginam by Condereau and Hennig, but it remained for Czerny in April, 1878, to perform the first operation which, in its main details, represents the operation of to-day. Billroth has probably done more than any one else to introduce the vaginal method.

In all recent operations, Dr. Post writes, the diseased cervix has been either amputated, curetted, or cauterized, previous to the first incision. The different methods of subsequent procedure vary, first, in the vaginal incision, which has been circular, according to the most common practice, but which has also been confined to the anterior and posterior walls, the lateral walls being retained to be included in the mass ligatures, as done by Mueller, or confined to the lateral walls for the division and securing of the uterine artery, prexious to the anterior and posterior division, as practiced by Fritsch. The different methods vary, secondly, in the position of the uterus, which may be fixed in situ, as done by Martin; simply pulled down, as done by Billroth; retroverted and the fundus made to present at the vulva, as done by Schroeder; or anteverted and brought out through the anterior cul de sac, as done by Czerny in a number of cases. Thirdly, they may be opened

previous to the eversion of the uterus, as is the commonest practice, or whether the anterior cul-de-sac only be opened where the uterus is turned out by anteversion, or the posterior cul-de-sac only be opened where the uterus is turned out by retroversion, until the broad ligaments have been tied and divided, and the uterus prepared for complete removal. This precaution prevents any secretion of the uterus from penetrating the cavity of the peritoneum during inversion. They differ, fourthly, in the use of the mass ligature, whether one, two, three, or many; whether the whole ligament be secured and divided at once, as was done in the earlier operations; whether it be tied in small sections and divided, step by step, as done by Fritsch; or, whether, on the other hand, vessels be tied separately as encountered, with or without a provisional mass ligature. They differ, fifthly, in the treatment of the mass ligatures, whether they be cut short and sunken, or whether they be kept long and brought out into the vagina to assist in drainage. Sixthly, they differ in the treatment of the peritoneal wound, whether it be completely closed, as done by v. Teuffel; be united around a drain, according to the early practice of Billroth; be left completely open with a drain, as practiced by Martin, Baum, Olshausen, and by Billroth in some later cases; or whether it be left completely open without a drain, as practiced by Fritsch, Demons, Mueller, Billroth, Schatz and others. They differ, seventhly, in the treatment of the supra-vaginal wound, whether it be closed around a drain, as done by Schroeder; closed without a drain, as done by Goodell and Wallace; left completely open, with or without a drain; or whether it be covered by peritoneum, the peritoneum of the cul-de-sac being united to the mucous membrane of the vagina, as practiced by Martin, Schatz, Fritsch, and Von Herff. They differ, eighthly, in the use or omission of injections or the tampon of iodoformed gauze.

The results of kolpohysterectomy for cancer are as follows: The total number of operations done up to the present time is approximately 341, with a total mortality of 27 per cent.

The total mortality at the end of			1880	was	37	per cent.
"	"	"	1881	"	31	" "
"	"	"	1882	"	29	" "
"	"	"	1883	"	29	" "
"	"	"	1884 / 1885	"	27	" "

It will be seen from this table that the mortality is decreasing, and the record for separate years shows the same steady improvement.

Cases done previous to the end of 1880 had a mortality of					37	per cent.
Cases done or reported during			1881	had	27	" "
"	"	"	1882	"	27	" "
"	"	"	1883	"	28	" "
"	"	"	1884-5	"	24	" "

The mortality of the cases in which the operation was actually done during 1883 was 22 per cent; the increased mortality shown by the list for 1883 is manifestly due to the great number of scattered cases of remote date, which were during that period reported.

This advancement in results divides itself into two periods. The first occupies 1881 and 1882, during which the total mortality fell from 37 per cent to 29 per cent. The second occupies the years of 1884 and 1885, during which the total mortality has fallen from 29 per cent to 27 per cent. The first of these periods corresponds with the introduction of iodoform in the treatment of wounds, the second has coincided with the adoption of certain precautions in the course of the operation itself, and certain further peculiarities in the course of the subsequent treatment.

The results of different methods of after-treatment are, then, peculiarly interesting. Of the total of 341 cases, 222 cases were treated with the open peritoneal wound, with a mortality of 22 per cent. Of the 222, 93 had the supravaginal wound covered by peritoneum, with a mortality of 18 per cent; and of the 93, 50 were operated upon during the past three years, with a mortality of 10 per cent.

As to the recurrence of the cancer, Dr. Post's statistics show that of 97 cases which survived operations done previous to 1883, 18, or 20 per cent, are known to have been well at the end of eighteen months or two years.

Figures are also given which prove that the latest results of kolpohysterectomy compare

not unfavorably with those of the total extirpation of other organs for malignant disease. The tendency of medical literature is to regard kolpohysterectomy for cancer as a legitimate operation, subject only to the restrictions common to other extirpations for malignant disease. There is general agreement that the operation need not be attempted where the uterus is fixed, where neighboring organs are affected, or where enlarged glands can be found.

5. Diagnosis of Gonorrhea in the female.

It is sometimes a very important matter to distinguish between specific and simple vaginitis. At a recent meeting of the Paris Obstetrical and Gynecological Society Martineau spoke of the fact that the pus in gonorrheal inflammation of the vagina is always acid, while in simple vaginitis the pus is always alkaline.

6. Parametritis Posterior.

Nieberding, of Wuerzburg, lately read a paper on this subject before the Association of German Physicians and Naturalists at Strasburg (Cent. fuer Gyn. No. 41, 1885). He is surprised that so little attention has been given by general practitioners to a disease of such great frequency and pathological importance. It consists in an inflammation of the peritoneum of Douglas's pouch and the utero-sacral ligaments which bound it, structures which contain cellular tissue and muscular fibre. Exudation occurs, and, as this is absorbed, very frequently the uterus is dragged backwards by the shortening of the ligaments, and ante-flexion of the uterus, retroversion, traction on the urethra, and, as a consequence, frequent and perhaps painful micturition may ensue. Nieberding has found this condition to be present in ten per cent of his patients. Frequently arising in the puerperium, but more frequently in other conditions, its whole course is insidious and chronic. The symptoms in the chronic stage are pelvic and sacral pain, of a wearing, aching character, increased by exertion, occasional acute pelvic pains, pain in defecation, dysmenorrhea and other menstrual troubles, bladder symptoms, constipation, with more or less profound impairment of digestion and nutrition, and numerous reflex symptoms, headache of the vertex, neuralgia, and other neuroses. The cause in the lying-in woman is septic infection from absorption through lacerations and abrasions of the genital tract, and in the unmarried it is due to septic infection of fissures in the rectum from hardened feces, and by extension of endometritis, specific or other. The diagnosis is to be made by a careful bimanual examination in the dorsal position. The uterus will usually be found anteflexed or anteverted, the cervix drawn up and backwards, while through the posterior cul-de-sac masses of exudation or tense, more or less sensitive bands will be felt stretching from the posterior uterine wall in the direction of the sacrum. The treatment is that of chronic pelvic inflammations generally. Canada Medical and Surgical Jour., Feb., 1886.

7. Electricity as a Therapeutic Agent in Gynecology.

The conclusions which Dr. Mundé reaches in his recent paper are thus summed up by the Can. Med. and Surg. Jour., Feb., 1886.

1. Galvanic current the most useful, inasmuch as soothing, anesthetic and alterative effects are oftenest indicated.

1. A mild, steady, painless current always to be used.

3. When a constant current causes pain, or increases existing pain, it is doing harm, and must be reduced in strength or stopped.

4. Always begin with a weak current, and, if necessary, increase its strength.

5. In order to give permanent relief, or do appreciable good, the treatment must be employed for a long time—at least twice a week, but better three times a week, or daily. In many cases the treatment must be continued over a period of from three to six months.

6. Pain may be relieved or completely removed, but a permanent cure, complete absorption of exudation, a restoration of the organ to health in hyperplasia, chronic

oophoritis, cellulitis and peritonitis, is seldom achieved. This, however, applies with equal force to other remedies.

The conditions in which the two varieties of the electrical current act most beneficially may be summarized as follows:

FARADISM.	GALVANISM,
Deficient development of uterus and ovaries.	Hyperplasia uteri.
	Chronic ovaritis and pachysalpingitis.
Amenorrhea.	Chronic cellulitis and peritonitis, and lymphadenitis.
Subinvolution and menorrhagia.	Pelvic neuralgia, local and reflex.
Superinvolution.	Dysmenorrhea, neuralgic and obstructive.
Uterine displacements.	Erosions of cervix.
Uterine fibroids (interstitial).	Subinvolution.
	Uterine fibroids (sub-peritoneal).

REMARKS ON RUPTURED TUBAL PREGNANCY.

Lawson Tait thus writes in the British Medical Journal: Since the publication of my last paper on this subject, I have had nine more successful operations, performed for rupture of the Fallopian tube due to pregnancy—an accident which has had in the past, according to all authorities, a terrible mortality. The fact that, out of twenty-three cases only one, the first, died, and that all the others have recovered and remain well, is quite sufficient proof that this terrible accident is within the curative power of the surgeon, provided that the fatal delay, which has hitherto been the rule in dealing with abdomnal and pelvic disease, be eliminated.

The leading features of all the cases in this series have been already described so completely in detail in my previous papers, that I need not do more than recapitulate them here. The history of nearly all is, that the patients either have never been pregnant before, or that a long interval has elapsed since the last pregnancy; that menstruation has been, as a rule, before the occurrence of the tubal pregnancy, of such a character as to lead to the inference that there was some tubal disease; that menstruation had been arrested for the period of ten or twelve weeks before the incidence of the serious symptoms which led to interference; and that, during that time, more or less discomfort, or even serious distress, was felt. Thus, in the case in which I was associated with my friend, Mr. Vickers Whitby, we had, after a careful consideration, determined to open the abdomen some days before the catastrophe of the rupture occurred. The tubal rupture took place some few hours before the operation was performed. The symptoms were suddenly and intensely increased in severity; and when the abdomen was opened we found it full of blood-clots and serum.

In all of the operations, the hemorrhage during the proceeding was extremely severe; and from the lesson which I learned in the first case, that in which I failed, I am quite satisfied that rapidity in performing the necessary manipulations is an essential factor in success. In that case of failure, I was so alarmed at the amount of bleeding, that I did not act with sufficient energy; for I have found since that as soon as the detachment of the adhesions is complete, a very small amount of sponge-pressure will arrest the bleeding. In this unfortunate case I proceeded hesitatingly, and the result was that the patient hardly survived the performance of the operation—certainly never rallied from it; and yet it was not, in its details, in any way different from the other cases. These adhesions occur to every one of the pelvic viscera; and there can be little doubt that, for success in dealing with them, very considerable experience with the finger tips will always be necessary, for it can only be after prolonged acquaintance with the sensations which are conveyed by different structures to the fingers, that the adherent tube and placenta can be recognized from coils of intestines, broad ligaments, and uterus.

The recoveries of all these cases have been complete and easy, and no class of operation in which I am concerned has given me so much satisfaction as this. The appearances on the operation table so forcibly remind me of my old experiences of these cases in the post-mortem room, that I can hardly doubt that most of them, if not all, are examples of

the advantage of the modern doctrine of opening the abdomen promptly in times of serious troubles.

9. Local Application of Copaiba in Vaginitis.

Dr. Baratier recommends very highly the local use of copaiba in the treatment of various forms of vaginitis. He employs a suppository containing three-fourths of a grain of extract of opium, and one and one-fourth drams each of copaiba and cacao-butter. One of these is passed into the vagina every second day and allowed to remain for twelve hours.

10. Removal of the Ovaries in the Treatment of Uterine Fibromyomata and of Unrestrainable Menorrhagia.

Dr. Simon Duplay, in an able article in the Archives Générales de Médicine, July, 1885, draws attention to the value of this operation in cases of unrestrainable menorrhagia, and, above all, in those in which menorrhagia is symptomatic of fibro-myomata of the uterus. The frequent failure of drugs in controlling these hemorrhages is well known; equally well, the want of success in any attempt to treat or hinder the growth of these uterine fibroids. In removal of the ovaries, however, both these indications are met; physiology has inseparably connected menstruation with ovulation; without ovaries menstruation cannot exist; and clinical observation teaches that, with the onset of the normal menopause, menorrhagia almosts always stops, and uterine fibroids cease to enlarge or even tend to disappear.

M. Tissier has collected 121 cases of oophorectomy performed for uterine fibromyoma, accompanied by severe hemorrhage. Of these 14.6 per cent died, a death rate lower than that of most major surgical operations. Of the 145 cases which recovered, in seven only did the hemorrhage return after a short interval; in three cases the bleeding returned, but notably less; in twenty-one cases slight losses of blood returned and and persisted for some weeks or months, and then finally disappeared; in 114 cases the hemorrhage ceased after the operation, once and forever. Certainly the conclusion is justifiable that oophorectomy causes, either immediately or in a short time, the complete cessation of all hemorrhage.

Once more reviewing these 145 cases of recovery, we find that in nine cases only was evidence found of undiminished or increased growth of the tumor after operation, while in sixty-six cases the growth rapidly atrophied, and in the other seventy a complete cure was noted without giving special information regarding the condition of the fibroid. In weighing the indications and contra-indications of the operation, the death-rate has to be consider, and with a percentage of 14.6, every resource of therapeutics should be first thoroughly tried. Of course on the other hand, the dangers of exhaustion resulting from undue delay must be borne in mind. The operation is clearly not applicable to fibroid polypi or submucous fibroids which can be attacked per vaginam. Castration can be thought of only in cases in which a fibroid tumor is interstitial or subperitoneal, inaccessible and incapable of being operated upon by the usual methods, either because of its volume or its situation. As regards the gravity of the operation, there is no comparison between oophorectomy, and its percentage of 14·6, and hysterectomy with a death rate of about 41 per cent; yet these two have been compared as alternatives, though, in truth, each of them has its own special indications. According to size fibroids may be classified as (1) small, i. e., not exceeding the size of an egg; (2) medium, or those rising above the pelvic brim to a level midway between the pubes and umbilicus; and (3) voluminous, i.e., reaching or extending above the navel. For these last, which are sometimes cystic, hysterectomy alone is suitable. To the first two classes, oophorectomy alone is applicable, at all events in the great majority of cases. It must be borne in mind that, should hemorrhage persist after removal of the ovaries, hysterectomy is still available, and in cases recorded this course has been followed with marked success. In oophorectomy the abdom-

inal method with central median incision is far to be preferred. The abdominal incision should at first measure from four to five inches, and should be prolonged upward without hesitation if more space is needed. It is well to include the fimbriated extremity of the Fallopian tube in the ligature, as thereby one is more certain of not leaving any ovarian tissue behind.—[American Jour. Med. Sci., Jan., '86.

ORTHOPEDIC SURGERY.

BY H. HODGEN, M. D.

1. To Remove Gypsum Dressings.—American Practitioner and News.

2. The Early Operative Treatment of Psoas Abscess.—Amer. Pract. and News.

3. Transplantation of Bone.—Journal of American Medical Association.

4. Osteotomy and Fracture for Correction of Deformity.—Medical News.

5. Antiseptic Irrigation of Knee Joint for Chronic Sero-Synovitis.—N. Y. Medical News.

6. Dry Dressings and Natural Drainage.—Annals of Surgery.

1. The removal of plaster of Paris dressings is greatly facilitated by first scraping a groove with a knife and then dropping along it a solution of caustic soda. In a few minutes the plaster becomes pulpy and along this line, the bandage can be readily cut. If two parallel grooves be made, instead of one, a lid can be cut out of the splint, the limb lifted for examination, returned and retained by a roller bandage. Fenestra can be made in the same way. [A sharp knife will answer the purpose very well and as the cut edge of the splint is apt to break down very readily, we think it is to be preferred to the soda solution.]

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2. Dr. Julius Dollinger, of Budapest, advocates the early opening of the abscess, before there has been much wasting and damage to the constitution, in fact as soon as it can be determined that pus has formed. He examines base of chest, loins, iliac fossa and anterior surface of psoas muscles. The abscess can frequently be defined before reaching Poupart's ligament. He then says: The moment I am clear that the abscess has formed, I look to its evacuation. When a psoas abscess is seen sufficiently early and examined with due care it will be found that the matter lies in the sheath of the psoas muscle or along fibres of the iliac and is always outside of the peritoneum. The outline of the abscess can usually be made out by palpation through the abdominal walls. Oftentimes it is no deeper down than the middle curve of the ilium, whence it may extend inward nearly to the median line and in some cases even beyond this, reaching above the crest of the ilium, forming a well defined tumor in the side of the abdomen, but not projecting so far down as Ponparts ligament. Fluctuation is usually marked except when the abscess walls are rendered especially tense by the matter, where the swelling resembles a fixed tumor. Opening the abscess being decided upon, I adopt antiseptic precautions, using for this purpose carbolic acid, apply an anesthetic and proceed to divide the skin and superficial fascia just behind the anterior superior spinous process of the ilium, immediately above the crest and parallel to it for six or eight centimeters (two and a half to three inches). I now cut the fibres of the external and internal oblique and transversalis muscles near their insertion into the crest. By keeping the cutting edge of the knife close to the bone, the vessels that are divided will rarely need to be tied. Cutting now through the layer of fat usually found here, I pass the finger of one hand into the wound and with my other hand press the abdominal walls, in order to push the abscess towards the cut. If I find the abscess on the iliac muscle, I merely push aside the cellular tissue, that I may conveniently reach the abscess, which is readily recognized by its pearly appearance. If the abscess lies among the fibres of the iliacus, I either push these aside or divide them. There seems to be no danger in dealing in this way with large abscesses, but when they are small, I deem it safer to keep close to the inner wall of the

sacrum in order to avoid all risk of wounding the peritoneum.

The abscess being reached, I open it by a free incision and evacuate its contents. Having carefully explored its cavity, the wound is thoroughly washed with a one or two per cent solution of chloride of zinc. I then make the rear or counter-opening and carry into it a drainage tube of sufficient calibre to admit the finger. If necrosis is present or likely to occur, instead of pushing the drainage tube through the tissues, I divide the parts freely with the knife.

SUMMARY.

1. Pus resulting from inflammation of the vertebræ should be removed atonce.

2. The opening of a psoas abscess, while it is in the iliac fossa and above Poupart's ligament, is easily effected by this procedure.

3. Early opening guards the patient against the dangers that accompany the burrowing of pus, and when in spite of this, a second abscess forms, as it sometimes does, on the opposite side, it also may be opened in the same way.

(This article undoubtedly covers the opening of psoas abscess completely, but we think aspiration once, twice or three times, before opening would expose the patient less to sepsis, and will, in some cases, with the application of a jacket, complete the cure. We do not claim this can be done in a large per centage of cases, but think it should always be tried before undertaking the more formidable operation of opening. We know of four cases relieved in this way without the refilling of the cavity. The earlier the diagnosis of pus and its removal the better are the chances of recovery. Removal of pus, support of vertebræ by jacket, sunlight, fresh air, exercise and tonics are the remedies to be relied upon.)

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3. Ferrari arrives at the following conclusions: 1. Pieces of bone inserted in the diaphysis of long bones may become completely united to them and continue to live. 2. They not only live but continue to grow. 3. The insertion of bone gives results in whatever position the piece of bone is applied. 4. The re-union or grafting takes place by a true vascularization, which forms between the pieces inserted and that to which it is applied. 5. Around the piece inserted, a bony, periosteal and medullary callus is formed. 6. The periosteal and medullary callus absorbed and engrafted bone only recognized by greater vascularity. 7. The more accurately the inserted bone fits the cavity, the more rapidly will union take place. 8. Thorough antisepsis necessary to success. 9. Small pieces answer as well as large. 10. After use of small pieces of bone, if suppuration occurs, some particles may adhere, if suppuration does not extend to the part applied, to medulla. 11. Antisepsis and moderate pressure are essential to success.

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4. Dr. Weir describes the following case and treatment:

Male, æt. 19, deformity of right tibia from infancy, epiphysis being involved and resulting in curving inward of tibia. Right tibia three inches shorter than left. Fibula of normal length and displaced upward and backward. Left side of pelvis tilted upward, locomotion awkward. Osteotomy through head of tibia, limb straightened, length increased but three quarters of an inch. Femur of sound side fractured with Collier's osteoclast through middle, fracture transverse. Difficult to make ends of fractured femur pass each other, accomplished after considerable force. Limbs nearly of same length. Left about one inch longer. General length about the same. Thought osteoclast might have been adapted to limb so as to produce oblique fracture. Expected no trouble in getting ends of fracture past each other. Deformity very perfectly corrected and patient could get around much more comfortably with a cane than before the operation. Dr. McBurney reported a case where the result was lengthening instead of shortening, from diffuse periostitis. Patient stated that eleven inches of tibia had been removed. Judging from present appearance, a very large piece had been removed. Used limb with occasional inflammation and escape of fragments of bone. When first seen, new bony deposit was superficially necrosed. Bone very much thick-

ened and one and a half inches longer than fellow. Fibula slightly enlarged. The two bones made almost a solid column, only at the lower end could the fibula be outlined. Dr. L. M. Yale related a case of a well-known surgeon that presented a singular condition, namely, one tibia fully an inch longer than fellow, femur of same side shorter than the other, so that limbs were of same length. No cause was known for the condition other than abnormal development. (The two first go to show that opposite results may follow practically the same condition. The third illustrates the desire of nature to correct her deformities).

5. Dr. Robert F. Weir says, though evacuation of joints of their excess of fluid in chronic synovitis was known as early 1875, few practitioners have appreciated it as deserved, not being mentioned by Barwell in "International Encyclopedia of Surgery, 1884," nor Bryant, in American edition, 1885. Being highly recommended by Jules Boeckel, 1881, who presented three cases treated satisfactorily, reported twenty permanently cured. Le Dente and Labbé praise the procedure. The following are conclusions of Ruine: Washing out, after puncture, of joints with three or five per cent solution of carbolic acid to be recommended in following: 1. Sub acute or chronic synovitis after fair trial of usual treatment. 2. To be done at once in hydrops articuli. 3. In threatening pyarthrosis. 4. In obstinate gouty synovitis. In acute synovitis, with painful distention, and in hemarthrosis simple puncture or aspiration usually answers as well, but in pyarthrosis incision, washing-out and drainage will be required. Dr. Weir thinks that in careful hands it is a safe and efficient remedy, and one that can be carried out readily. By careful pressure by the hands no air will be admitted during the evacuation, nor the filling of the joint with the solution of carbolic acid. When no skilled assistant is at hand, uses the carbolic spray to avoid this mischance. A large carefully disinfected trocar and canula is selected. After the fluid is evacuated a five per cent solution, warm, carbolic acid, through fountain syringe, is allowed to distend the joint, when the nozzle is removed from canula and the solution allowed to flow out. This is to be repeated until the fluid returns clear, or opalescent, due to action of the acid on the highly albuminous contents. When the operation is completed the canula is to be withdrawn suddenly and compress of sublimated gauze, dusted with iodoform (not the usual iodoform gauze made with resin) is placed quickly over the opening. After the application of several layers of antiseptic material, the joint is completely covered with a thick layer of absorbent cotton, and secured by a roller bandage, posterior splint of plaster of Paris being used to immobilize the joint. But moderate reaction, subsiding in about twenty-four hours, usually follows. Pain and distention complained of at times, but dressing can usually be removed in a week or ten days, patient being allowed joint motion in bed. Usually a thickened capsule, but no fluid. Thickened capsule lasts for several weeks but patient is gradually to be allowed to go about. This operation applies equally well to all joints. Proves satisfactory in gonorrheal rheumatism and complications of joints. Corrosive sublimate solution (1 to 1000) is preferred by Schede in joint troubles occurring during infection of zymotic fevers, and especially where purulent synovitis is impending. Thinks corrosive sublimate the more potent as a disinfectant, and carbolic acid as an irritant and disinfectant. Pus being present in quantity an opening should be made on each side and and at the top of synovial pouch, after washing out with sublimate solution, drainage tubes are to be inserted. Thinks this the best mode of drainage. (The author reports several cases of synovitis treated in this way, but two or three will illustrate the results.)

Case I., male, æt. 32. Left knee joint distended for six months, following fall upon curb. Blisters, rest and elastic pressure used with no good result. Fluid withdrawn with canula, under antiseptic spray, cavity washed out with 1 to 20 carbolic acid solution. Antiseptic dressing, with immobilization of joint. No elevation of temperature; dress-

ing removed in a week; no accumulation of fluid; capsule thickened, patient out of bed in three weeks.

Case II., female, æt. 38. Hydrops articuli of eighteen months' standing, origin unknown. Joint punctured, fluid withdrawn and cavity washed out. Temperature second day, 101°. Dressing removed on sixth day, capsule thickened, cavity half filled with fluid, and moderate tenderness. Tenth day, fluid and tenderness gone. Splint removed on fourteenth day. Walking in three weeks. Thickened capsule remained for three months.

Case III., delicate female, æt. 24. Distention of left knee joint, result of blow, two years's standing. One year later right knee became similarly involved. No cachexia. Usual treatment for some time with no result. Right joint punctured under spray, contents evacuated, and cavity washed out. Gentle flexion and extension made to thoroughly bathe joint surface. No reaction. At end of ten days splint removed; the other joint treated the same way. For forty-eight hours pain very sharp; free use of morphine; temperature rose to 101.5°. On the fifth day dressings were changed, capsule thickened. Splint removed the tenth day, and by the end of month patient sailed for Europe.

Case IV. Distention of joint from rheumatism. No reaction followed operation. Three weeks after joint as good as the other. Of thirty cases collected by the author all made good recoveries but one (reported by Reine), who died of tuberculosis. No constitutional effect of either corrosive sublimate or carbolic acid reported as yet. Volkmann reports in a vague way that he has operated in this way several hundred times without ever having serious complications arise, local or constitutional. Two cases of hydrops articuli, with excessive relaxation of ligaments, reported by author, in which there was decided shortening after the operation so that ligaments gave support to joint. (Barwell speaks very highly of boro-glyceride as an antiseptic. He thinks when there is a small amount of pus in joint that it is a good plan to evacuate subcutaneously.)

6. Kendall Franks, F. R. C. S. I., gives an interesting account of his method of dressing, also of natural drainage. As a dressing he uses a combination of absorbent cotton (two parts) and wood-wool (eight parts), sublimated, and so thoroughly mixed that cutting or tearing will not separate them. The solution of corrosive sublimate, with which the wood wool is charged, is one in one thousand. The advantages claimed for this dressing are, first, it is strictly antiseptic; second, absorbing the discharges, the wound is kept dry; third, the wound being kept dry, there is less need for frequent change of dressings. After the bleeding has been stopped, he inserts into wound sponges dipped in warm solution of corrosive sublimate; the edges being drawn together, the fluid is gently pressed out. This stops all oozing and makes the wound antiseptic. The wound is then drawn together by approximating each tissue with cat-gut sutures, from the bottom outward. After an excision, when it can be done, just before the dressings are applied, the extremity of the cut is made bifid on each side, so as to enclose between them a narrow tongue of skin. These are turned in, so as almost to touch each other in the middle line of the limb, behind the bones. The apices are secured in this position by cat-gut sutures. After bringing the parts together, a channel from the deepest parts of the wound will thus be left. The dressing is completed thus: A piece of sero-sublimated gauze is wrung out of solution of carbolic acid, and applied wet over the wound and adjacent skin. Over this, one or two pads of wood-wool are placed, and the whole dressing retained by roller bandage. (We prefer the cheese cloth bandage wrung out of water, as a retaining bandage.

—The next meeting of the Illinois State Medical Society will be held at Bloomington, Ill., on May 18, 1886.

Dr. William A. Byrd, of Quincy, the president of the association, calls attention to the fact that persons intending to contribute papers will confer a favor by giving an early notice to Dr. S. J. Jones, of Chicago, the secretary. Thus complete and early programmes can be rendered.

CONTRIBUTION.

A COMPLICATED CASE OF PERI-PROCTITIS.

BY ARNO W. KRATZSCH, M. D., PLYMOUTH, WIS.

On Dec. 15, 1885, I attended Mr. S., aged 33, a robust German laborer, working at furniture, who had for a week or so gradually failed in health and was at the time suffering extreme pain in the region of the rectum. There was considerable induration with a temperature of 104° F. I applied several leeches followed by hot linseed-meal poultices, which soon gave him relief.

Twenty-four hours later I was again called on account of extreme suffering and swelling in the left groin. The lymphatics were enormously swollen and discolored.

The same treatment as before was here adopted with good success. The rectal pain now again increased, with fluctuation, and the glands of the right groin became affected. No point for opening could anywhere be detected.

Soothing applications, together with anodynes internally were continued until the fourth day, when I was hastily summoned on account of a sudden enlargement and discoloration of the scrotum. On my arrival I was informed that two hours previously my patient experienced a creeping sensation in the scrotum, which increased and gave him much distress, so that I found him shivering and sweating with agony.

I suspected scrotal hematocele and used my aspirator for exploration. I withdrew nothing but gas, analogous in odor to that of his previous movements which were diarrheic in character and contained pus.

Shortly after this I incised the left chamber and gave vent to an enormous quantity of pus, feces and gas.

The right chamber was also opened with no discharge but blood. My patient was now quite comfortable as regards pain, but the constitutional symptoms were alarming, so that I feared death from absorption.

The following morning I made large counter-openings into both chambers from below and introduced large drainage tubes through which antiseptic injections were made twice daily. In the meantime retention of urine had taken place, and the catheter was used with much suffering. To avoid this a soft English No. 8 was introduced and retained with adhesive plasters for three days, when micturition was again normal.

Considerable matter escaped by way of the catheter.

Tympanitis was present at this period of the disease with redness and tenderness over the lower part of the abdomen, so that I feared coming on of peritonitis from an escape of pus or feces, or both, into the peritoneal cavity, which would have necessitated abdominal section.

A delay of twenty-four hours, however, proved this not to be the case, for all these symptoms grew milder and the patient grew stronger.

After several days of uniform treatment (antiseptic and supporting) I aided the natural process of amputating the scrotum. This took place close to the trunk, so that not one square inch of the scrotal tissue remained, and both testicles and lower part of the cords were bare.

A prominent point now made its appearance at the left of perineum, in the gluteal region, which, upon opening, discharged material identical to that which escaped through the scrotum. Through this opening I was enabled to enter my index finger to its full length in the direction of the rectum. This opening at the present writing is entirely closed, leaving no fistula. The naked testicles were dusted with iodoform twice daily, covered with antiseptic gauze, and are at present covered with integument very snugly, answering all purposes.

The appetite has been good almost continuously, and Mr. S. will be able to resume work at his former post by the first of February. I report this case on account of its peculiarity regarding the rapid recovery without any surgical interference in the way of closing the bowel, and on account of the simplicity of treatment in general.

—Dr. Filehue, of Erlangen, renowned through his work in the discovery and introduction of some of the modern antipyretics, has accepted a chair in Breslam.

—An alleged specific for diphtheria is announced from Melbourne, Australia. It is said to be simply sulphuric acid. A committee of the Colonial Legislature is asked to investigate.

—"My poor man," said the doctor, "you are dangerously ill. Is there any word you want to send to your friends?" "Am I really so ill?" asked the sufferer. "Alas! I can offer you no hope." "Very well, then, said the sick man to his nurse, "telephone for another doctor."—(Med. and Surg. Rep.)

SELECTION.

LETTSOMIAN LECTURES ON SOME MOOT POINTS IN THE NATURAL HISTORY OF SYPHILIS.

Delivered before the Medical Society of London, 1886.

BY JONATHAN HUTCHINSON, F. R. S.,

Emeritus Professor of Surgery to the London Hospital College.

(British Medical Journal).

[CONCLUDED].

LECURE I.—THE MUTUAL RELATIONSHIP'S OF THE DIFFERENT FORMS CF PRIMARY VENEREAL SORE.—THE CAUSES OF PHAGEDENA IN PRIMARY SORES.—HOSPITAL GANGRENE.—CN RECURRING CHANCRES.—ON DIFFERENT FORMS OF BUBO, AND ON QUESTIONS IN REFERENCE TO PRIMARY SYPHILIS.—SYPHILIS AFTER VACCINNATION WITH CLEAR LYMPH.

ON INDURATION AS A SYMPTOM AND ON SYPHILIS WITHOUT CHANCRE.—That we have beeen in the habit of attaching far too much importance to the condition of induration as an almost essential characteristic of the initial lesion of syphilis, the observers of to-day are, I think, pretty well agreed. When a sore takes on induration, it is, provided first, that the patient has never had syphilis before, and, secondly, that no caustic has been used, a certain indication of coming syphilis. But the absence of induration goes for very little in the way of evidence, and it may vary in degree and in duration, within very wide limits indeed. In many cases, it lasts only a very short time,and is only very doubtfully marked; in others, it may, in size and duration, simulate a new growth. In woman, it is often very ill marked, and its characters vary much in relation to the special tissue affected. Such being the admitted, I may say, the everyday facts, it is necessary to use this symptom with great caution in the diagnosis of syphilis. How invariable in character, for instance, are the initial lesions as we observe them on the fingers of surgeons. I have more tnan once seen severe syphilis follow a midwifery chancre which was never more than a little dusky, scaly spot, not so large as a three penny-bit, and never in the least excoriated.

If, however, we admit all this, we may still hesitate to admit that syphilis can begin without any chancre whatever. Yet for practical purposes that is the conclusion to which we must come. In other words, there are cases in which the closest scrutiny, aided by a patient who is not only candid but skilled as an observer, wholly fails to discover any initial lession. These cases divide themselves in two groups, those in which an attack of gonorrhea preceded the constitutional symptoms of syphilis, and those in which no local disease of any kind was observed. Both of these groups are, I believe, fully recognized by most authorities. Respecting the last, it is undoubtedly possible, indeed, in most instances probably true, that a chancre had been present and had escaped recognition. Thus in the mouth, and especially on the tonsil, a sore, which was really the primary one, may not have been noticed until other symptoms appeared, and may then have been counted as part of the secondary group. I have seen several instances of this. On the genitals in women very frequently, and in men sometimes, a small indurated sore may cause such slight irritation that its existence is never discovered. But making every possible allowance for such sources of fallacy, there still remain a few cases in which careful observation from the beginning has quite failed to find a sore, and in which every possible region has been searched. I recollect several of this kind in which medical men were the patients. In these, there was no cause for concealment, since exposure to risk was fully admitted, and the nature of the final disease recognized, and yet no clue to the original sore could be made out. If we still, as a matter of hypothesis, cling to the belief that there must have been a sore, these cases in their practical bearing remain very important. Is it possible that intra-urethral chancres may occur without pain, without signs of obstruction, without external hardening, and without discharge? Such is the suggestion of some, but it does not seem very probable.

GONORRHEA SYPHILIS.—The frequent occurrence of cases in which syphilis follows what was considered to be only gonorrhea, suggest the suitability of recognizing what we might call gonorrhea-syphilis. It is known to all that Hunter regarded the poison of gonorrhea as identical with that of syphilis, and, no doubt, it was the occurrence of cases such as I no refer to which had caused his belief. There is no danger now that the name I have proposed should mislead any into adopting again his erroneous generalization. Cases of gonorrhea-syphilis must be familiar to all who have opportunities for observation. The urethral inflammation is exactly like that of gonorrhea, and by no means suggests a urethral chancre; and, in many

cases, the urethra has been examined carefully with the hope of discovering local induration or a tender spot without result. I could cite several cases of this kind from my own notebooks, but I shall probably employ our time more convincingly by reminding you of the observations of others.

Mr. Lee relates, from Mr. Marston, a case in which two soldiers contracted gonorrhea, on the same day from the same woman. Both remained under observation from the second day, the discharge having commenced immediately after exposure. One of them, who had had syphilis before, recovered without any other symptoms than those of gonorrhea, but in the other syphilis followed. In the latter, Mr. Marston passed sounds, and tried to discover a local induration, but without avail. The woman who had infected these men was the subject of a cutaneous syphilide, and had vaginal discharge, but no sores could be discovered in her.

In connection with these cases, Mr. Lee quotes the opinions of Mr. Pearson and of Swediaur, both of whom held strongly that syphilis not very unfrequently followed a urethral discharge indistinguishable from gonorrhea, and wholly without the occurrence of chancre.

Mr. Hill has recorded an interesting case, in which the only initial lesion discovered was a general hardening of the whole penile urethra, presumably with gonorrheal discharge. In explanation of these facts it may be admitted at once that there is nothing in the least improbable in the supposition that the particulate virus of syphilis may exist in gonorrheal pus. If a patient, the subject of secondary syphilis, should contract gonorrhea, no doubt the virus would pass into the discharge, since we know that it is present in the blood, and finds its way into all product of inflammation. Witness its presence in the transparent lymph of the vaccine vesicle. Given, therefore, a person suffering from both gonorrhea and syphilis, what would be the probable result of contagion? Very likely, as is often seen, a gonorrhea immediately and chancre four or five weeks later; but if the latter were omitted, it is still conceivable that the gonorrhea might allow the absorption of the virus. Possibly, the acute inflammation of the urethra may act in preventing the local adhesive inflammation, which constitutes the conspicuous part of a chancre. This seems a more probable hypothesis than that the virus is absorbed directly, without the intervention of any sore at all. It is to be noted that in gonorrhea-syphilis there occurs usually definite induration of the inguinal glands. A certain number of experiments have, I am aware, been tried with negative results, in the inoculation of gonorrheal pus from the male urethra, the patient being the subject of syphilis. M. Basset, as quoted by Hill, inoculated in this way six persons, without result. It is not improbable that the poison of syphilis is under such circumstances, much diluted, and perhaps placed under disadvantages. It is impossible to accept the evidence of such experiments as conclusive, when we remember how frequently vaccination from syphilitic infants prove innocuous, whilst it succeeds with virulence in a few Tarnowsky (also quoted by Hill) inoculated eighteen times with the purulent discharge from the vagina of a syphilitic woman, who had no local sore. Only once did he succeed in producing a chancre, which was followed by syphilis. Mr. Morgan in his experiments very properly declined the responsibility of inoculating non-syphilitic subjects, and I should certainly for one, regard a repetition or the experiments of Basset and Tarnowsky as wholly unjustifiable.

Syphilis Conveyed in Vaccination with Clear Lymph.—A question which was a few years ago in dispute, but which has, I may say unfortunately, been finally set at rest, is the possibility of conveying syphilis by translucent vaccine-lymph. The belief that it was necessary to draw blood, or, at any rate, to allow the vesicle to drain after emptying it, and thus permit the escape of fresh leucocytes, can no longer be entertained. One of our own profession, with that enthusiasm for knowledge which Hunter displayed in a parallel experiment, made himself the victim, and placed the facts beyond the reach of doubt. The facts of the case are probably known to many present; but as they may be new to some, I may be permitted to relate them. They came under my personal cognizance, but for obvious reason, I do not mention names. The gentleman to whom I refer vaccinated his own arm repeatedly, and in many places, from syphilitic infants, being very careful on every occasion to use only clear lymph. On the first two occasions he failed, but on the third he succeeded, and three indurated chancres were the result, followed in due course by constitutional symptoms. The incubation periods I have already mentioned, the punctures inflamed on the twenty-third day, and were well indurated on the forty-first. It is impossible not to admire the self-devotion which prompted to this experiment, and especially to the perseverance and repetition of it. Had that repetition not taken place, and had a report of results been given to the world after the first two trials, how

strong would have been the conviction of all in the truth of the creed that pure lymph, even from infected vaccinifers, is safe. Not often, probably, has our science had so near an escape of being encumbered by a false fact.

The interest of this demonstration does not end with its relations to the practice of vaccination. It proves that the virus of syphilis may exist in a perfectly clear fluid, and in company with that of another specific fever. We know from experiments that if the purulent secretion of soft sores be filtered so as to get rid of pus-cells, it is no longer inoculable. The converse is probably true of the virus of syphilis. The contagium of the one is pus, that of the other the particulate micro-parasites of a specific fever.

Now, Mr. President and Gentlemen, permit me, in conclusion, briefly to recapitulate. We have concerned ourselves this evening almost solely with the more exceptional of the phenomena which occur in connection with primary sores. We have glanced at the topics of incubation-periods; of recurring induration; of the occasional absence of the usual conditions in primary sores; and at the explanation of the differences presented by different sores of venereal origin. I have tried to reconcile the doctrines of the dualist and the unicist by showing that both are in a sense right, with, however, an abiding protest that there is but one syphilis. I have spoken also of the relations of phagedenic action to syphilis, expressing a belief, which I have often expressed before, that syphilis is in truth the parent of almost all phagedena. By reference to this doctrine, I have tried to explain the origin of hospital gangrene. Lastly, I have mentioned briefly the sad, but important and final, proof, that clear vaccine-lymph may contain the virus of syphilis. On most of these topics, it has been my pleasant duty to rest my conclusions quite as much on the observations and opinions of others as my own. Although I have not often, under the exigencies of the occasion, found time to mention names, yet I may now say that the excellent works of Henry Lee, Berkeley Hill, Fournier, and Bumstead, have been laid under constant requisition in preparing the statements which I have made this evening. Although I cannot pretend that there are no differences of opinion, it has been a great pleasure to note a very general unanimity of testimony on most points.

—The Fifth Congress "fuer inunere medicin" will take place at Wiesbaden, Germany, in April. Dr. Leyden is the presiding officer.

SOCIETY PROCEEDINGS.

TRANSACTIONS OF THE GYNECOLOGICAL SOCIETY OF CHICAGO.

REGULAR MEETING, 18TH DECEMBER, 1885.

I. JAGGARD. Two Recent Models of the Axis-Traction Forceps.

II. BYFORD. Report of a Case of Pelvic Abscess, with Remarks upon the Treatment.

The PRESIDENT, DANIEL T. NELSON, M. D., in the chair.

I. DR. W. W. JAGGARD read a paper entitled,

TWO RECENT MODELS OF THE AXIS-TRACTION FORCEPS.

The object of the paper was not the description of some modification by the writer, although such a contribution to the literature of the subject would be perfectly legitimate in view of Pajot's witty remark to the effect "that he does not reproach a man for having invented a forceps, since that might happen to any one."—(Barnes.)

BREUS and FELSENREICH, formerly assistants respectively in the third and first obstetrical clinics of the Vienna General Hospital, have recently made important alterations of Tarnier's axis-traction forceps. The importance of these modifications was so great that no apology was demanded for calling attention to the instruments.

HISTORICAL.—As the result of the labors of Sir J. Y. Simpson, Nagele, Busch, Levret and others, the low forceps operation may be regarded as a comparatively perfect operative procedure, both as regards instruments and mode of operation. The case is different with the high operation. This operation is always difficult, andsometimes dangerous, with the instruments mentioned. The cause is obvious. The applied force can be resolved into two components, one in the direction of the axis of the plane of the inlet, the other perpendicular to the first, directed towards the posterior surface of the symphysis. The first component is alone active in causing the descent of the head; the second makes the extraction more difficult and exposes the maternal tissues between the head and symphysis to traumatism. As remarked by Schauta, (Grundriss der Operativen Geburtshilfe, Wien, 1885, p. 162,) "the unphysiological and therefore mischievous element in the operation of the forceps, as compared with the effects of uterine contractions, when the head is at the inlet, consists in the fact that the forceps draws the firmly-held head in a

direction which it can never follow, while the uterine contractions simply drive the head into the pelvic cavity, and permit it after that to seek the direction of least resistance." The older obstetricians, fully recognizing these facts, attempted to apply the power to the classical forceps, in such a way as to secure a more favorable direction of traction. Osiander (1799) and Stein, Sr. (1805) may be mentioned among the older obstetricians, who devised instruments for making traction in the axis of the inlet. Hermann (1844) (Kilian's Armamentarium lucinæ novum) constructed an instrument, in which an iron lever is attached to the lock. J. P. Hubert (1860) attached a vertical iron lever to the extremities of the ordinary forceps. This lever was subsequently attached to the lock. Eugéne Hubert, his son, constructed an axis-traction forceps with parallel branches and a sharp perineal curve. Chassagny, Joulin, Pros, Poullet, Moralès Apaca (1871) and others have constructed various types of axis-traction forceps at a more recent period. In many of the modern French instruments an attempt has been made to apply some of the well-known principles of veterinary surgery.

Tarnier's Forceps.

In 1877, Tarnier, following in the wake of Hermann, Hubert, and the more recent French inventors, constructed and published a description of his well known instrument. Since that time he has produced more than thirty distinct models. His last model consists of the classical forceps of Levret (without a perineal curve) and axis-traction rods attached to the posterior, inferior border of the blades or spoons. Tarnier claims a number of advantages for his instrument over any other axis-traction forceps. He claims that it is superior to the classical instruments in the following particulars :

1. It is possible to apply traction in the direction of the principal pelvic axis.
2. Sufficient mobility is conferred upon the child's head to permit it to seek its way through the pelvis in the direction of the least resistance.
3. The handles indicate to the operator the direction in which traction should be made.

With reference to the first proposition, it may be said that traction with Tarnier's forceps is not made in a curved line, accurately coincident with the principal pelvic axis, when the head is at the inlet. Nor is traction in this direction absolutely necessary, as remarked by Schauta, seeing that the resultant of the forces, developed by uterine contractions, and the resistance opposed by the pelvic floor, does not propel the head in the direction of the principal pelvic axis.

The handles, as indicators of the direction in which traction should be made, are of relatively slight value.

On the one hand, the operator who is at all qualified to apply the forceps to the head at the inlet, ought to have a correct conception of the direction in which traction should be made. On the other hand, strict attention to the handles may prevent the operator from observing a number of important events, ex. gr., the relation of the head to the vulva, slipping of the instrument, etc. (Schauta.)

Finally, the handles are not a correct indicator of the direction of the principal pelvic axis.

The advantage of Tarnier's forceps over its predecessors lies in the mobility conferred upon the fetal head by the joint, uniting the blades and the so-called axis-traction rods. The head does not follow in the direction of the principal pelvic axis, but seeks the path of least resistance. In consequence, the operator is spared the fatigue of unnecessary effort, and the mother, the dangers of traumatism from violent traction.

I. Breus has recently constructed an instrument which has a great advantage over the forceps of Tarnier, in that a greater degree of mobility, during traction, is conferred upon the head.

The continuity of the blades (Loeffel) is interrupted at, and below the fenestrae, by a strong flat joint, which admits of movements in the sagittal direction, and corresponding variability in the angle at which traction is applied to the head. The superior ribs of the instrument are prolonged, and turned upward like spurs. These spur-like prolongagations are joined by a metallic rod in order to preserve a certain parallelism of the blades.

Apart from these peculiarities, the instrument is identical with the original model of Sir James Y. Simpson's forceps.

This instrument, devised by an obstetrician of large experience, is employed on an extensive scale at Vienna, in Gustav Braun's obstetrical clinic. Schauta (Grundriss der Operativen Geburtshilfe, Wien, 1885, p. 164, et seq.) recommends the instrument as the most perfect axis-traction forceps in existence, to his classes at the University of Innsbruck. Fürst's recent favorable note on Breus's forceps in the Centralblatt fuer Gynekologie, 1885, is well known.

II. Felsenreich's Modification of Doctor Simpson's Modification of Tarnier's Axis-Traction Forceps.

In 1880, Dr. Alexander Simpson, of Edin-

burgh, sent to Dr. Carl Braun a modification of Tarnier's axis-traction forceps, which at once superseded the French instrument in the first obstetrical clinic of the Vienna General Hospital. Simpson substituted Sir J. Y. Simpson's original model of the classical instrument for Levret's. The compression screw is located on the upper third of the superior surface of the handles. Comparatively unimportant modifications were made with reference to the traction-rods, and the hard-rubber handle into which the traction-rods fit. Felsenreich has materially enhanced the value of Dr. Alexander Simpson's instrument by a number of important alterations.

Felsenreich's modification of Dr. Alexanander Simpson's axis-traction forceps, as shown by the model presented, manufactured by Mr. J. Leiter, of Vienna, during October, 1885, consists of the following parts:

I. A practically unaltered model of Sir James Y. Simpson's forceps (Wiener Schulzange).

II. Button-hole perforations, one behind each fenestrum into which traction-rods are inserted, and maintained by the buttons on the ends of the rods.

III. A removable compression thumb-screw, which sinks into a groove made in the extremities of the handles of the Simpson forceps.

IV. A hard-rubber handle for the traction rods. The arrangement for the insertion of the traction-rods into the hard-rubber handle differs from the mechanism in Tarnier's and Alexander Simpson's axis-traction forceps.

The attachment of the compression-screw to the ends of the handles, and certain changes in the curve of the axis-traction rods have been made at a comparatively recent period, but prior to 1883.

Dr. L. E. Neale, of Baltimore, published an article in the September number of the American Journal of Obstetrics, 1885, entitled "An Obstetric forceps." In this paper Dr. Neale describes an axis-traction forceps, devised by himself, which differs in no essential particular from Felsenreich's modification of Alexander Simpson's instrument. Editorials have appeared in the Journal of the American Medical Association, 26th September, 1885, and the Therapeutic Gazette, 15th December, 1885, calling attention to the facts, that a forceps identical with the instrument devised by Dr. Neale in all essential details, had been constructed several years ago in Vienna by Dr. Felsenreich, and that Dr. Neale had probably forgotten the existence of that instrument, although he had seen it in active operatiyn in the lying-in ward of Carl Braun, in various courses of operative obstetrics, and in the shop of Mr. J. Leiter, the instrument-maker to the Vienna General Hospital. The only criticism that the writer would make, with reference to these editorial notes, was, that Dr. Felsenreich, not Dr. Neale, applied the compression thumb-screw to the ends of the handles. Dr. Neale has made some trivial modifications in the hard-rubber handle and the mode of insertion of the traction-rods. Dr. Neale made no allusion to Alexander Simpson's modification of Tarnier's instrument in the paper mentioned, and his allusion to Dr. Felsenreich's suggestion of the button-hole joint is, to put the case very mildly, disingenuous.

In conclusion, Dr. Jaggard said that he was of the opinion that the axis-traction forceps of Breus and Felsenreich were superior to the most recent model of Tarnier's or any other axis-traction forceps that had come under his observation. He requested that the discussion be limited to the comparative merits of the forceps presented—Breus's and Felsenreich's—and other recent models of the axis-traction forceps.

Discussion.

Dr. John Bartlett said that he had devised an axis-traction forceps in 1880, identical in principle with the instrument constructed in 1860 by the elder Hubert. His attention had been first called to the coincidence by Dr. Lahs's monograph on Die Achsenzug-Zangen, Stuttgart, 1881.

Dr. Henry T. Byford thought the instrument described by Dr. Neale in the September number of the American Journal of Obstetrics, 1885, was identical in all essential particulars with Felsenreich's modification of Alexander Simpson's instrument devised two or three years before.

Dr. Philip Adolphus, Dr. Reeves Jackson, Dr. H. P. Merriman, Dr. H. P. Newman had never observed indications for axis-traction forceps; had never employed such instruments, and thought they were unnecessary.

Dr. Jaggard said he had no desire or intention to discuss the general subject of axis-traction forceps, and had expressly requested that the discussion should be limited to the consideration of the relative merits of the instruments presented for examination, (Breus' and Felsenreich's) and other modifications of the axis-traction forceps. He thought that gentlemen of limited experience in cases indicating the high forceps operation, and particularly those who had absolutely no experience with axis-traction instruments, should be temperate in their criticism. Carl Braun,

Pajot, Charpentier and others had practically rejected such instruments, but only after serious and experimental consideration of their merits. On the other hand, many obstetricians, including Schauta, Felsenreich, Breus, Ehrendorfer, thought there were cases in which they might be profitably employed.

II. Dr. Henry T. Byford read a paper, entitled,

Report of a Case of Pelvic Abscesses, with Remarks upon the Treatment.

Mrs. T., aged 25 years; married five years; German descent; of nervous temperament; small and slight in figure, but in general good health, consulted me, during the fall of the year 1884, for sterility and dysmenorrhea. She had never menstruated without pain, but had otherwise enjoyed good health. An examination revealed a small uterus and cervix, with acute anteflexion and consequent apposition of the anterior and posterior uterine walls. Slippery elm tents, used about once in eight days, alternated with glycerine tampons, had for their effect a gradual relief of the dysmenorrhea.

About the middle of the following February, I was called to her house to treat her for a severe attack of pelvic cellulitis, contracted a week before while returning from a dance. The whole pelvic connective-tissue seemed involved, and large tender lumps could be felt externally in the left iliac region.

Six weeks from the beginning of the attack, an abscess opened into the anterior wall of the rectum, about two inches from the external anal orifice. On account of the extreme debility of the patient, her horror of operative procedures, and the absence of any well-marked fluctuation, all surgical interference with the supurative process had been out of the question.

Palliative treatment was instituted and continued without effect until the sixth of June. In the meantime the pulse remained in the neighborhood of 120° F., and the temperature fluctuated between 99° F. and 102° F.; attacks of acute suffering and septicemic diarrhea required opiates for their relief; the bacillus tuberculosis was discovered in the pus; yellow pigmentary deposits covered her face, and emaciation became extreme, her weight ranging between eighty-two and eighty-three and one-half pounds. Her courage began to fail, and finally after the concurrent recommendation of the consultants, Drs. Wm. H. Byford, J. E. Owens, George M. Chamberlain and Martin Matter, she consented to an operation.

Accordingly, on the sixth of June, Dr. Wm. H. Byford operated according to his usual method in such cases. After etherization, he forcibly dilated the sphincter of the anus, tore open the fistulous track with the finger, and then enlarged the abscess in the same manner, in the direction of the lowest part of the cavity, until it readily admitted two fingers. I then made a digital examination, and found the abscess to extend across the pelvis, behind the uterus and broad ligaments, above the level of the fundus uteri on the left side, and to be filled with bands and projecting masses of granulation-tissue of about the consistency of freshly coagulated blood. Previous treatment, except to diminish and control the septicemia, had evidently been a complete failure. All of this medullary tissue was then scooped out with the finger and the cavity thoroughly cleansed with a two and a half per cent. solution of carbolic acid.

The highest temperature after the operation was 99° F., on the day following. Perfect drainage had been secured, for at the time of each dressing no pus was found inside of the abscess.

The cavity of the abscess was treated by irrigation with antiseptic solutions, insufflation with iodoform and the introduction of cupric sulphate.

Early in September she was attacked with the then prevalent epidemic, dysentery, and died on the 23d instant.

At the post-mortem examination made about thirty hours after death, I was somewhat hampered on account of a promise, exacted by the husband, that no organ should be taken out of the body, and by the fact that I had but thirty minutes to work before train time. The body had again become extremely emaciated. Abdomen was flat. An incision was made from a little above the umbilicus to the pubic bone. The pelvis was filled posteriorly with a solid mass of plastic tissue, which had drawn the uterus backwards to within about half an inch of the sacrum, so as to put the anterior vaginal wall upon the stretch, and had buried the uterus and other pelvic organs in its substance. Both round ligaments were seen issuing from this mass. It was necessary to cut down about half an inch before reaching the depressed uterus,and to tear through solid tissue behind it to arrive at the rectum below. The finger broke through into the rectum, behind the dimpled cicatrix that marked the site of the former outlet of the abscess. The left broad ligament was then felt to be represented by, or inclosed in, a tough band half an inch thick antero-posteriorly, extending from the uterus

to the left side of the pelvis. The left ovary could not be found. A small flat piece of what seemed to be ovarian tissue was found adherent to the bladder on the right side. The right broad ligament was apparently dis. organized and inseparable from the plastic deposit. The rectum was held inflated at the point where it issued from the pelvis, was dark colored and injected on its external surface, and blackish and softened on the internal. Neither the appearance nor the odor of an abscess could anywhere be discovered.

There seem to have been two hinges, as it were, upon which the treatment of this abscess turned: first, the operation per rectum; second, the cauterization by sulphate of copper. Both secured a large opening at the lowest portion of the pyogenic cavity, and brought away the unhealthy granulation tissue. Had the patient consented to have the unobstructed outflow of the pus maintained by one or two subsequent dilatations, similar to the first one, the cure would undoubtedly have been more rapid. As it was, the contracting sphincter and abscess outlet rendered the drainage and irrigation imperfect. Progress toward recovery was, however, again inaugurated upon the melting away by the sulphate of copper of the newly and imperfectly formed cicatricial tissue, reproducing the opening made at the time of the operation and by the destruction of the degenerative deposits and cauterization of the chronic pyogenic surface. The only kind of treatment preferable to this free drainage and clearing out method is the strictly antiseptic, which, after the pus has once found a way into the rectum, can only be accomplished by first closing this septic inlet.

The treatment by a counter opening in the vagina is much less preferable, because a recto-vagina fistula, difficult of cure, and liable, like anal fistula, to inoculate the system with tuberculosis, would be left.

The treatment by abdominal incision cannot for a moment be entertained, for at least two reasons:

1st. It is necessarily followed by a recto-abdominal fistula of great length, which is incapable of being promptly cured, and is apt to become an unfailing source of systemic infection. Those patients already operated upon, as far as reported, have usually either died shortly, or within a year or two, imperfectly cured. They would have, on an average, lived about as long without the operation. In fact, it is not impossible that one such, whom I had, previous to the operation, an opportunity of watching for a short time, would finally have recovered through the process of nature. To operate as does Lawson Tait, before the abscess has discharged, and then treat it antiseptically through its single opening, is an entirely different matter.

2nd. The danger of an abdominal incision should never be incurred without a prospect of compensation in the way of bettering the patient's chances of recovery. Neither theory nor practice as yet prove such compensation to be attainable.

In some cases one dilatation per rectum, without after-treatment, has sufficed for a cure; in other cases two or more, with subsequent antiseptic irrigations, have become necessary. But as a general rule it may be said that, unless instituted too late, the procedure is safe and the recovery sure.

Discussion.

Dr. Christian Fenger mude some remarks on laparotomy as compared with other operations, of which the following is a brief abstract:

When a peri-uterine abscess points somewhere in the vagina around the lower part of the uterus, no surgeon would, of course, think of doing anything but opening the abscess, inserting a drainage tube and by washing out, endeavoring to effect the closure of the cavity. But in some cases the opening into the vagina is just as ineffective as a spontaneous opening into the rectum. In obstinate cases of this kind laparotomy, at a later period, will have to be performed.

There is, however, no doubt that secondary invasion of septic poison, when the abscess is opened from the vagina, is much more difficult to prevent than invasion into the abscess from the abdominal opening. It is only in this way that we can account for the difference in the course of the after-treatment of peri-uterine abscesses opened through the vagina and through the abdominal cavity; a difference that Lawson Tait calls attention to as being decidedly in favor of the abdominal operation. Here the abscess closes more quickly, and the course of the after-treatment is much less febrile than in the vaginal operation.

Sometimes a peri-uterine abscess will point into the rectum,sufficiently low down to permit of an opening here. It does not seem probable that the access from the rectum will be very promising, as effective drainage is next to impossible; but the cases of cure by spontaneous opening into the rectum evidently make an operation here permissible, and perhaps advisable, but only as a trial. If the abscess does not retract within a reasonable time, other measures must be resorted to.

It is needless to state that if a parametritic abscess points anywhere along the iliac fossa, it should be opened and drained from this point; but this does not belong to my subject of to-night, as I desire to call attention only to strictly circum-uterine abscesses, which can only be reached from the vagina or from the supra-pubic region.

When a circum-uterine abscess does not point downward, and, in fact, does not point anywhere, it is then the surgeon's task to find the safest way into the abscess through a smaller or larger amount of surrounding tissues.

We shall first consider the vaginal operation:

When so eminent an authority as Schroeder, of Berlin, advocates the method of reaching a high peri-uterine abscess there must be cases in which this operation is advisable. From a general point of view an extra-peritoneal outlet of the abscess through the vagina would seem to be safer than laparotomy, upon the same grounds as a vaginal hysterectomy is safer than Freund's abdominal hysterectomy, and Schroeder's successful operation, already mentioned, vouches for the method.

At the same time, I firmly agree with Lawson Tait, that there are some grave objections to the vaginal operation. In the first place, a high-seated peri-uterine abscess is difficult to reach. It is difficult to work with safety two or three inches above the introitus of the vagina, in tissues that are immovable, and where the parts cannot be drawn down toward the operator. These difficulties are, of course, of less importance in the master hands of an operator like Schroeder, but increase in significance for less experienced surgeons.

But the operation through the vagina is more or less an operation in the dark. We may be dissecting up along the posterior surface of the neck of the uterus, and may open into recesses of the peritoneal cavity between the abscess and the uterus. Further, it might be easy in this place to open into the rectum.

Another danger, especially in abscesses between the two layers of the lateral ligament, might easily arise from the rupture of the larger uterine vessels running in the wall of the sac. It would be exceedingly difficult, and I should say next to impossible, under such circumstances, to secure and ligate these vessels, the point of ligation being so high up, the working space so small, and the tissues so immovable.

All those objections and dangers we do not encounter in laparotomy. We can see distinctly, and recognize with our own eyes, every particle of tissue we have to divide; the large uterine vessels, if divided, can easily be taken up and ligated. There is no risk of having any communication between the abscess and the peritoneal cavity, which we cannot either close up or drain.

If the laparotomy lasts longer, and gives more technical work to the surgeon, it seems to me that these objections are fully balanced by the advantage of not being obliged to operate in the dark, of not having to battle with enemies that we cannot see, and consequently cannot guard against.

But these are not the only advantages of laparotomy, as compared with the vaginal operation. The free access to the whole interior of the abscess cavity has also to be taken into account. By laparotomy, the abscess is laid open to about the same extent as a tubercular peri-articular abscess. We can examine the whole interior of such a cavity, and scrape off, or remove by other means, whatever objectionable material we may find, cheesy matter, tuberculous tissue, fungoid granulations—since we can see clearly every place where the instrument is applied, without any danger of going through the abscess wall into any surrounding cavity or organ.

It is more than possible that this free access to the abscess wall has something to do with the speedy recovery subsequent to laparotomy, as compared with the vaginal operation. (Lawson Tait, op. cit.)

But, of course, there will always be connected with laparotomy the inherited dread of opening that ominous peritoneal cavity. Modern surgery, however, is making steady progress in diminishing these dangers. Thus, the dread, as well as the safety of the patient, will, to a great extent, rest in, or depend upon, the care and skill of the operator.

Dr. W. H. Byford.—I do not wish to comment upon the contents of the paper further than to express myself in reference to the mode of operating adopted in consultation with the gentlemen mentioned. A large number of pelvic abscesses can be managed through the rectum with more facility and safety, than any other medium of approach to the deep-seated portions of the pelvic cavity. I do not know whether there are any cases wholly situated in the pelvic cavity, but that can be reached, opened and evacuated through the rectum. It may not always be the most eligible direction to approach collections of pus. In instances in which the pus is making its way toward the vagina, and fluctuation can be felt through the vaginal walls, it ought to be evacuated through that canal; but when the point of discharge is not

thus indicated the exploration is most easily made through the rectum; and all chronic cases that have already commenced to discharge into the rectum can and ought to be treated from the cavity of that viscus. I would make no exception, however high the opening might be, so it was within the pelvic cavity. By proper preparation the whole length of the rectum can be reached from the sphincter to the promontory of the sacrum, and from any part of it the pus evacuated, the pyogenic cavity explored, and drainage and irrigation safely and securely accomplished.

I believe the dangers of this mode of operating to be incomparably less than by abdominal section; and the other results of the operation—such as drainage and disinfection —more complete.

To effect the objects mentioned, the sphincter should be stretched to laceration; and until there is no tendency to immediate contraction of the anal opening, and till it can be dilated to the full extent of the rectal cavity. Thus thoroughly opened, the whole extent of the rectum can be explored with great facility and often by means of dilators can be seen, and instruments used under the eye of the operator.

If the pus is to be sought after, palpation with the fingers becomes easy and satisfactory; if it is being evacuated, the orifice seen or felt and such treatment as is desired applied. I very much prefer stretching and tearing for the purpose of increasing the size of the discharging orifice to the use of cutting instruments. The opening will not so readily close and there will not be so much hemorrhage.

In effecting the discharge of the pus, we should remember that the reason why the pyogenic cavity is at no time wholly obliterated is because there are irregular loculi or pockets so situated that they do not empty themselves. The opening should therefore be made large; the parts torn by the fingers until this inferior margin of the opening is as far below the main body of the cavity as practicable. With the fingers the interior bands and partitions should be completely broken down and the interior of the cavity rendered as nearly symmetrical as possible. This will enable the whole of the contents of the cavity to escape by means of gravity, and the fluids used in irrigation find their way out without difficulty. In addition to this shaping of the cavity, the large granulations — generally so abundant—should be scraped away by the fingers or by a dull curette, thus freshening up the lining membrane of the pyogenic cavity and converting it from a state of indolent ulceration to one disposed to heal. This process of curetting also produces a change in the capillary circulation that makes nutritive processes more salutary. Often in very indolent cases the sphincter will recover contractile power to such a degree as to require one or more repetitions of the operation. The same thing is said of the margin of the orifice in the intestine. We will be obliged to enlarge it and treat the cavity as before.

In the case narrated in the paper, the action of the sulphate of copper seemed most useful and contributed the last influence necessary to the cure.

I have said nothing about the more common items of treatment, such as irrigation, disinfection and stimulation. My intention is to show the facility with which, in many instances, these purulent collections can be reached and treated by dilating and distending the rectum and the comparative safety of such proceedings.

Dr. E. C. Dudley: The experience of Dr. Byford and others in the treatment of pelvic abscess by this operation must be considered as proving the great value of the operation in cases in which the abscess can be easily approached and thoroughly drained by dilatation of a sinus between the abscess-cavity and the rectum. It would, however, appear on general principles, that sufficiently free and long-continued drainage would in many cases be almost unattainable and that an abscess-cavity left thus to heal must often be the starting point of sinuses formed by the uncontrolled burrowing of pus in many directions. The almost inevitable invasion of the abscess-cavity by fecal matter is clearly a serious factor in connection with the history of these cases. The great mortality from pelvic abscesses opening spontaneously into the bowel demonstrates the inability of nature to provide for adequate drainage. Whatever question, therefore, we may raise relative to the advanced position of Dr. Wm. H. Byford, who, if practicable, would prefer to open a pelvic abscess through the rectum—even in those cases in which nature has not anticipated him —there can be no question about the propriety of enlarging and rendering more effective an opening already formed. I regret that the essayist has marred a most admirable contribution by the sweeping statement that in all cases in which drainage has been spontaneously established through the rectum Lawson Tait's operation is contra-indicated. Nor can I imagine from what premises he has formed the conclusion that Tait's operation prevents

closure of the sinus between the abscess cavity and the rectum. The question naturally arises whether Tait's operation might not in such cases fulfil a well recognized surgical indication by establishing a free counter-opening for an abscess which otherwise might refuse to close on account of imperfect drainage and on account of its forming a blind sac for the retention of fecal matter. To a large number of recognized authorities, who deem an opening into the rectum, whether produced by nature or by art, a grave misfortune, the query would naturally arise whether such an opening ought not to be supplemented by a counter-opening, which would bring the draining and cleansing of the abscess cavity within the easy and absolute control of the surgeon. Furthermore, in view of the decided mortality which attends the spontaneous opening of pelvic abscesses into the rectum, and in view of the almost uniformly successful results recorded in the statistics of Tait's operation already published by Mr. Tait and others, and in view of a very generally accepted rule that the operator in opening a pelvic abscess should strive to keep out of the rectum, I don't think a statement that the rectum is to be preferred as the site of the primary operation ought to go on the records of this society unchallenged.

Dr. J. T. Jelks (present by invitation) thought a great mistake was made in waiting too long before operating in cases of chronic pelvic abscess.

Dr. Philip Adolphus thought the paper was beyond the pale of criticism. When the general symptoms indicated a collection of pus, the cavity should be searched for. If a cavity containing serum was found, an operation was contra-indicated. If the cavity contained pus, it should be evacuated.

In closing the discussion, Dr. H. T. Byford objected to the quotation of Lawson Tait's statistical triumphs in this connection. In the last edition of Tait's Diseases of the Ovaries, abdominal section is recommended for those pelvic abscesses only that cannot be successfully evacuated from below. They are generally such as are situated high up, and do not point early in the vagina or rectum, or they are suppurating hematoceles.

The statement that the recto-abdominal fistula, left after abdominal section for a pelvic abscess that has already discharged into the rectum, would heal readily, like any artificial anus, is not borne out by facts. Fistulæ connecting the rectum with the external air have seldom healed, when left to themselves, before a long period of time has elapsed. Operative measures cannot (in these cases) be resorted to on account of the length, situation, and relations of the fistulous track.

W. W. Jaggard, M.D., Editor.

2330 Indiana Ave., Jan. 25, 1886.

CORRESPONDENCE.

DISLOCATION OF THE HIP-JOINT.

Canal Dover, O., Feb. 15, 1886.

Editor Review: That the fault of ingratitude may not be added to stupidity, I desire to acknowledge for myself in particular, and the profession in general, the very valuable instruction imparted by A. F. Kinne, A. M., M. D., Ypsilanti, Michigan. By acquainting us with the "Allen method" of reducing dislocations of the hip, he favors us with the only specific method ever known, applicable in all hip dislocations and failing in none. (?)

Dr. Kinne has evidently given this, to him known as Allen's method, a most satisfactory and impartial trial in one case, and this case was by him reported in the Detroit Lancet, in March, 1879, which it was my misfortune not to see, nor was any reference made to it in the many medical journals which have visited my office for many years, resulting in such a very stupid blunder in the case reported in the November 7th number of the Weekly Review.

One swallow may make a summer in Ypsilanti, but it will not do it in Canal Dover, nor will one single experience serve as a basis for such sweeping conclusions as Dr. Kinne expresses in his criticism of my treatment in the case of Anton W.

However, as the docter desires to be understood as ex cathedra upon the subject of hip joint dislocations, and particularly their reduction, I certainly have not the presumption, in my acknowledged fallibility, to say "he knows not whereof he speaks" One single experience amply satisfies him that Allen's method cannot fail in any hip dislocation, complicated or otherwise, to restore the head of the femur to its natural position.

Such stupid ignorance of a method, specific, according to Dr. Kinne, for the restoration of a dislocated femur of whatever kind, can be condoned in an ordinary practitioner, your humble servant; but when Gross, Hamilton, Holmes, Erichsen and Bryant fail to recognize its specific value, how can Dr. Kinne "so freely criticize" my course when I did not see his article in the "Detroit Lancet," on the case of Johnie M.

I am so glad that I know it now, and wish it may afford me as much comfort as Dr. Kinne promises when I am again confronted by a complicated hip-joint dislocation.

Though entire hospital staffs have entirely

overlooked dislocations of the hip does not imply that Dr. K. would do such a stupid thing, and after reading his criticism no one would deem him capable of such an oversight.

Some men never err; if erring, they have not the magnanimity to acknowledge their mistakes. But Dr. K., with all his boasted astuteness, does not comprehend the difficulties which certainly surrounded hip dislocations when overlooked by men of acknowledged ability, who jointly and severally failed to detect the displacement. The "Allen Method," christened by Dr. Kinne, and for which he is very anxious to stand God-father, is in principle an old method, Bigelow's, and illustrated in Holmes (vol. I, page 976, Fig. 241) and other eminent surgical authorities, but they omit saying anything about the "new procedure," which, in Dr. Kinne's opinion, renders it infallible, having proven successful in one single instance, previously referred to.

That the procedure may possess some advantages I am unwilling to deny, but I am at this time unable to appreciate where its infallible qualities can be, in any logical manner, established.

In conclusion, if Dr. Kinne will call stupid the surgeons who have overlooked hip dislocations, and referred to in my article of November 7, 1885, I am in no manner ashamed of my company.

Respectfully,

N. F. Schwartz, M. D.

[We think that much instruction was derived from the frank report of his case by Dr. Schwartz and the criticism of the same by Dr. Kinne. We deemed it no more than fair to give Dr. Schwartz a word in reply, to define his position. Therewith we believe the professional interest of the case exhausted.—Editor.]

A CASE OF NYMPHOMANIA.

Special Correspondence for the Review.

Philadelphia, February 20, 1886.

On January 27, a woman presented herself at the clinic of Prof. Parvin, held in Jefferson College Hospital, with the following history:

As a child she had not been surrounded by those influences which tend to lead women to higher and nobler lives, but had been constantly thrown among those whose society and conversation proved the means of developing a passionate nature to an intense degree. Her menses appeared at about the age of 13 and she married at 17. Her husband proved to be as passionate as herself and their married life was a happy one.

His death, however, followed after some years, and she again married, still maintaining those strong sexual desires so firmly implanted in her childhood. Her second husband soon tired of her, and they had been living apart for three years.

She now complained of uncontrollable desires for the sexual relation, and that such had been their intensity that she had finally resorted to onanism for sexual gratification.

These abnormal manifestations were a source of great annoyance, and debarred her from social life to a great extent. She complained of an almost irresistible impulse to throw herself among men, and their mere presence proved to be an aggravation to her trouble.

In consequence of the onanism and the constant irritations to which the external organs had been subjected she was troubled with intense itching about these parts.

Upon making a vaginal examination, immediately upon the contact of the finger with the external organs, the sphincter vaginæ underwent a spasmodic contraction, becoming closely applied to the finger, and accompanied by turgescence and erection of the clitoris. A slight leucorrhea was found to exist, but otherwise the parts were found to be in a normal condition.

Her treatment was as follows:

Directed to her general condition, liq. potas. arsenitis was prescribed in gtt. iij. doses ter die, for, as should have been mentioned, her nutrition and system in general were considerably deranged.

With the thought foremost in mind that sexual satisfaction has its seat in the walls of the vagina and the clitoris, Prof. Parvin directed that she should employ suppositories of cocaine hydrochlorate, each containing one-fourth gr. in sufficient ol. theobrom. The patient was instructed to insert into the vagina two of these each day—one at morning and one at evening.

The patient was also advised to shun the society or presence of men and to avoid anything which would have a tendency to aggravate her trouble; externally cleansing alkaline baths were ordered.

February 16. The patient was again presented much improved in all respects. The cocaine had been steadily employed, and the effect had been to palliate to a great degree her inordinate desires. In fact, it may be said to have almost entirely relieved them. However, the permanent effect remains to be seen.

Prof. Parvin states that he believes this is the first time cocaine has been used for this affection, and, if the effects in this case were continued and corroborated by others, would eventually prove to be an acquisition in the treatment of this deplorable condition.

"Pen."

THE WEEKLY MEDICAL REVIEW.

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SELF-REPOSITION OF HERNIA.

A new method of reduction of strangulated hernia by manipulative measures is published by Karl Nicolaus, of Muellheim, Baden, in the Centralblatt fuer Chirurgie, No. VI, 1886. The method is certainly a novel one. The author of the report makes reference to the many astute hypotheses that are advanced in explanation of the causes of hernia and of strangulation, and to the meagre detail with which the maneuvres at reposition are dwelt upon in our standard authorities. Nearly all coincide in the opinion of the feasibility of taxis and give certain modifications of such practice. In the difficult cases narcosis and a position of the patient that tends to relax the abdominal parietes, such as the dorsal recumbent position with flexed thighs, are recommended as adjuvants to the manual practices.

In order to demonstrate experimentally the inadequacy of all the measures of taxis, already abundantly shown in practical experience, the author suggests that a section of intestine, about a yard long, be drawn through a piece of rubber tubing, about two inches long, of a calibre that will permit a pretty thick catheter to be pushed through the tube within the lumen or at the side of the gut. If water be poured into the upper portion of the gut, it becomes highly distended above the tubing, but not a drop flows through and escapes from the free lower end of the intestine. Pressure upon the distended portion will cause it to burst, mayhap, but no fluid will escape by these manipulations. However, only a light traction upon the lower empty segment is followed by a free flow of water; the same result follows if the catheter be pushed upward through the tubing.

In strangulation the same conditions obtain; the distended gut lies outside of the outer hernial aperture, the empty gut inside the inner hernial aperture. In taxis we compress the filled and distended section, which, as our experiment demonstrates, is not a good method of promoting the escape of the fluid, and which may lead to a bursting of the gut. Gentle pressure upon the distended section, and alternately upon the tubing, alone leads to a gradual emptying of the fluid; this last procedure of alternating pressure upon the strangulated gut and upon the strangulating channel is the mode by which taxis affords relief. Contrasted with this procedure, the ease, with which by traction upon the empty end, the escape of the fluid and the liberation of the gut is accomplished, is most striking.

These considerations, and the well-established observation that hernia, which is irreducible, intra vitam, by taxis, can be reduced, after the abdomen is opened, post mortem, by a most gentle traction upon the intra-abdominal loops, led Nicolaus to seek methods of reduction in which traction should take the place of pressure.

Nicolaus refers to the rude methods by which reduction through the weight of the intestines alone was attempted; thus the method of Corvillard of suspending the patient by the feet; the method of suspending by hands and feet; the wheelbarrow method, the inclined plane, etc. The barbarity and fruitlessness of these methods is well known and they offend all feeling of chirurgical tact.

The method of Renaulme, who placed his patients in the knee-elbow position and thus believed that the weight of the free intestinal loops might accomplish traction upon the engaged loop, was also abandoned on account

of its inefficiency. The principle, however, as we shall see, is correct.

Nicolaus points out that in all these positions the intestines can not act by their force of gravity, because either the intestines come to lie upon the unyielding posterior walls of the abdominal cavity or meet with the resistance of the insufficiently relaxed anterior parietes. A position, therefore, must be adopted that relaxes the abdominal wall most perfectly and throws the hernial apertures as high up as possible over the level of the most dependent part of the cavity. This position, according to Nicolaus, is the knee-shoulder position, or Sims' lateral recumbent position upon the healthy side, with the pelvis well elevated.

In these positions it may be clearly shown, that not the force of gravitation alone is a factor favorable to the reduction by traction, but, much more so, a most interesting physical phenomenon that is so established. Namely in these positions the intra-abdominal pressure becomes negative, that is to say, sinks below the atmospheric pressure. This circumstance obtains in the indicated positions to a much greater degree than in the knee-elbow position, of which Hegar says: "In the knee-elbow position the viscera on the lower level, the thorax, the intestines, the parietes, must exercise a traction upon the parts at a higher level. This leads to a reduction of the abdominal pressure. It becomes lower than the atmospheric pressure. This can be demonstrated to be the case by introducing a catheter into the bladder. Generally the atmospheric air audibly rushes into the bladder through the catheter."

Nicolaus' method, then, consists in the exercise of traction upon the engaged intestine, by establishing a high degree of negative intra-abdominal pressure, and thus permitting a full exercise of the force of gravitation. The patient is made to kneel upon the bed, and throws himself upon the shoulder corresponding to the healthy side. The thighs are to be kept at right angles to the plane of the bed. Bladder and rectum should be emptied, and gentle taxis may be exercised. If necessary the knees may be still more elevated by placing them on a firm bolster. Rotation outward of the thigh of the engaged side may also be made; thus, as Hyrtl states in his Topographical Anatomy, the outer aperture of the inguinal canal is made more patent.

In support of his theoretical deductions Nicolaus reports seven cases of strangulated femoral and inguinal hernia that yielded under the indicated treatment.

The circulation of the blood in the incarcerated loop is certainly much favored by the aspiration exercised by the negative pressure. In cases Nicolaus found that persistence in maintaining the positions indicated led to a good result after a few hours. A change from the knee-shoulder to Sims' position is advisable, when the patient should have the rest and comfort that an alteration of position brings.

The Causes of Aggravated Syphilis.

In a recent clinical lecture delivered at the Hôpital St. Louis, and reported in the Journal de Médecine et de Chirurgie, Fournier, the eminent French syphilidologist, discussed the probable causes that account for the fact, that in some individuals syphilis runs a benign course, in others one of medium intensity, and again, through various gradations of severity, shows a most malignant development in still others. In explanation of these differences there suggests itself the proposition, that either the quality of the infection or the nature of the soil on which the malady is developed are determining factors. The theory that the quality of the infective virus plays a role in shaping the severity of the attack has been abandoned since actual confrontation has abundantly proven that a most violent form may be contracted from a mild one, and vice versa.

There remains then the assumption that the soil is of determining influence; in other words, that in each individual the severity of the manifestations of syphilis is shaped by the constitutional peculiarities, by organic

lesions, and perhaps, certain extraneous circumstances.

Fournier summarizes these causes of grave syphilis in six categories:

1. Certain conditions of age.
2. Scrofulous and tuberculous taint.
3. Alcoholism.
4. Climaticinfluences; non-acclimatization; explaining the severe forms that develop in foreigners in colonial lands.
5. Hereditary or acquired predisposition, organic disease, disposition by heredity to cerebral affections, etc.
6. Last and certainly of great import, insufficiency of treatment at the outset of the disease.

In respect to the influence of age, Fournier expresses himself to the effect that extreme old age and early age develop especially severe forms of syphilis. The high mortality of vaccinal syphilis in very young infants demonstrates this. Syphilis at fifty or sixty is always very serious and characterized by four particular tendencies. In the first place the chancre tends to become phagedenic; secondly, the cutaneous eruptions are profuse and generalized; third, there is a marked tendency to early development of tertiary manifestations, such as cerebral lesions; fourth, the impairment of the general condition is very severe, leading to feebleness, prostration and veritable cachexia.

That scrofulo-tuberculous taint aggravates syphilis is shown, says Fournier, by the tendency of the syphilides to assume humid forms and suppurate, to develop ecthyma, impetigo and rupia. In the lymphatic glands we note early inflammatory changes leading to suppuration, ulceration and formation of fistulæ; syphilo-strumous bubo is the term employed. Eye-trouble is also frequent, and the joints become involved in hyperplastic swellings. Scrofula, too, seems to direct the syphilitic process in especial to the mucous membranes of the larynx, the pharynx and the nasal cavities. A marked cachexia, a a most miserable condition ensues. A double influence appears active to this end; the strumous states aggravate the syphilis, and this again intensifies and hastens the destructive tendencies of these specific causes.

The deleterious influence of alcoholism as a complication is described as presenting itself in four different modifications. Alcoholism predisposes to grave and precocious developments; the syphilides tend to ulceration. All the other dermatoses are influenced unfavorably by alcoholism, and syphilis is no exception. In next order alcoholism favors the production of that insidious form in which new manifestations continually arise and succeed each other. In third order the general health suffers and cachexia results. The fourth influence of alcohol is shown by the peculiar tendency to cerebral manifestations. It drives the syphilis to the brain as well as to the skin.

Treatment of Infantile Paralysis.

We note in the British Medical Journal of February 13, a reference to a clinical lecture by Dr. William Murrell, in which the advances in the treatment of essential paralysis are given. The plan formulated is said to have been attended with rare success in Dr. Murrell's hands. The treatment is one both medicinial and mechanical. The former is in the main the one universally taught and practiced; still some notable modifications appear. During the acute stage, while fever is present, aconite is given, followed after three or four days by physostigma, combined later with phosphorus. Simultaneously with the latter treatment scientific massage is to be practiced. In this lies the "rub." For, ordinary massage is said frequently to prove inefficacious. The kind of massage needed is to be divided into several gradations or forms; first, effleurage (surface-rubbing); secondly, friction; then pêtrissage (kneading); and finally, tapotement or percussion.

Early cases alone can be expected to do well. The theory of the beneficial influence of the massage is that thus the nutrition of the paralyzed limbs and muscle-groups is maintained for a period, and thus reparative changes that may take place in the cord be-

come established, or the function be taken up vicariously by other motor nerve-cells in the anterior cornua of the cord. The clinical parallel is the reacquisition of speech, after loss of the faculty from hemorrhage, embolism or thrombosis.

The massage should be conducted on a dry skin with dry hands, and should be supervised by a medical man. Indiscriminate massage is said to be positively injurious.

Adjuvants to the treatment are hot pine baths, the hypophosphites, extract of malt, cod-liver oil, etc.

Dr. J. M. Keating writes in the Medical News that unconscious micturition in children may be caused by some local irritation, such as constipation, worms, especially seat-worms, preputial adhesions, eczema, etc. These need appropriate treatment. Again, indigestion will produce it, or cerebral excitement, dreams, chilling of the body and consequent suppression of perspiration, or irritation of the bladder from over-acid urine. These conditions should have appropriate treatment.

Belladonna, the bromides and chloral are indicated where nervous irritability or loss of control, or irritation of the neck of the bladder are the causes. Besides there should be given during the day a tonic; wine of pepsin with Fowler's solution, or wine of iron with nux vomica is recommended. Cold sponge baths and subsequent dry frictions are also of service, together with a light but nourishing diet, and an abundance of fresh air.

We notice in the New York Medical Record that T. Pridgin Teale (Medical Times and Gazette) concludes from his experience in the management of spasm of the sphincter ani:

1. That spasm of the sphincter ani as a cause of constipation, suffering, and ill health, is often over-looked, and patients are allowed to suffer for years who might be cured in five minutes.

2. That spasm of the sphincter can be arrested by forcible dilatation more satisfactorily, more certainly, more scientifically and with greater safety than by division by the knife.

3. That in all operations on the rectum and anus, dilatation of the sphincter is an essential, almost an indispensable, element in the treatment.

A Correspondent to the Therapeutic Gazette, from Berlin, calls attention to the popularity in Germany of the cold compress as a therapeutic measure in affections of the throat and lungs.

From personal and constant use of this little simple hydriatic measure, we are in a position to recommend it most heartily.

A napkin or towel is wrung out of water, of a temperature more or less cold, to suit the individuality of the patient, and applied like a cravat around the throat and neck, or like a bandage about the trunk. The compress is covered with oil silk, and a woolen bandage, that is snugly pinned, placed over that. The application may be changed more or less frequently, as special indications may dictate. Such an application is of great value in relieving spasmodic or pseudo-membranous night-cough in children; the little ones rest quietly after a few changes have been made. In capillary bronchitis of children the application should not be made too cold; in fact, a rather warm compress, secured as above described, proves very gratifying, especially if the cloths are wrung out of an infusion of hops.

In discussing dilatation of the uterine cavity for diagnostic purposes, the Medical News makes reference to the dangers from septicemia and the slowness of the procedure when tents of sponge, or sea tangle, or tupelo are used. The methods of rapid dilatation by Peaslee's metallic dilators, and especially by Hegar's conical hard-rubber dilators are referred to and commended. The graduation of Hegar's hard-rubber dilators, which can be easily cleansed and rendered innocuous, admit of a gradual and at the same time rapid opening up of the uterine cavity.

The News calls attention to a new method described by Betrix in the January number of the Nouvelles Archives d'Obstétrique et de Gynécologie. In this method devised by Prof. Vulliet, the patient occupies the knee-chest position, the perineum is lifted by a Sims' speculum, large bladed; by means of a uterine sound, a urethral bougie or a two-bladed dilator the distension is begun. Following this iodoform cotton tampons of small size are packed into the cavity. They are prepared by dipping double-threaded cotton tampons into a ten per cent ethereal solution of iodoform and drying. After twenty-four to forty-eight hours the tampons are removed and new ones of larger size or greater number are introduced. Thus a complete dilatation, enabling the taking of photographs of the interior of the uterus, and also of molds of rubber or plaster of Paris, is accomplished within a week or so.

The procedure, it will be seen, is a rather slow one compared with Hegar's method. Still it must find applicability in certain cases for diagnostic and therapeutic ends.

We have informed our readers of the hemostatic powers of antipyrine, discovered by some French observers. We learn of corroborative evidence from Italy. Solutions of four or five per cent were used, and arrested the hemorrhage in epistaxis, in the removal of a nevus, in an operation for resection of the elbow, etc. The solution is superior to perchloride of iron in not encrusting the surfaces, to the actual cautery in not leaving an eschar, and to ergotine in not being poisonous.

According to the Revue de Thérapeutique (Medical News) Koehler, of Posen, has for six years discarded the use of tobacco, chloroform and instruments in the removal of small insects from the ear. The head should be inclined to the sound side; and the external meatus filled with oil of turpentine, which should be allowed to remain for several min utes. Then the ear is washed out by means of a syringe, and the intruder is almost constantly dislodged.

REPORTS ON PROGRESS.

NERVOUS AND MENTAL DISEASES.

BY C. H. HUGHES, M. D.

I. Trephining in Epilepsy.
II. Nervous Bladder.
III. Compression of the Brain.
IV. Hydrophobia Cured?
V. Weighted Shoes in Locomotor Ataxia.
VI. Tribadism Among the Insane.
VII. Mental Aspects of Chorea.
VIII. Orbital Cellulitis and Melancholia.
IX. Sexual Perversion in a Female.
X. Overwork and Insanity.
XI. Hystero-Catalepsia in a Male.
XII. Pathological Histology of the Semilunar and Cervical Ganglia.
XII. Micrococcus of Hydrophobia.
XIV. Mental Disorders of the Preataxic Stage of Syphilitic Locomotor Ataxia.
XV. The Ano-Vesical Center in Man.

I. Trephining in epilepsy is, as every one knows, a very old procedure which has been rewarded with varying results. In the chronic idiopathic form of this disease, and in traumatic epilepsy of long standing, this remedial procedure has proven exceedingly unsatisfactory, for the reason that the mischief done to the brain has generally become irreparable by the time operative measures have been taken; but Mr. Whitehead in reporting a successful trephining for epilepsia suggests a new reason which may be a justification for performing this operation. It consists in the new "reflex influences set up by the procedure rather than to any direct result of the operation," though precisely what is meant, unless the writer means a reflex influence on the cervical sympathetic and consequent changed vaso-motor condition affecting the circulation within the head, the reporter hereof does not comprehend.

The following is the record of the case as

we glean it from the British Medical Journal of January 2:

Mr. Whitehead presented at a recent meeting of the Manchester Medical Society a man, aged twenty-eight, whom he had successfully trephined for traumatic epilepsy. The patient fell down a quarry, a distance of thirty feet, in May, 1884, and received a compound fracture of the skull, for which he was treated for seven weeks in the Bradford Infirmary. Since his discharge he had suffered from constant headache, and for seven weeks preceeding his admission into the Manchester Infirmary on September 29, 1885, he suffered from epileptic fits, sometimes amounting to six during twenty-four hours, and never free from headache and depression during the intervals. On October 2, he was trephined immediately outside the area of the fracture. Nothing abnormal was observed through the aperture; nevertheless, the man had ever since, with the exception of one attack, been free from fits, and his headache and depression had disappeared.

II. Wm. Goodell, Professor Gynecology University of Pennsylvania, in a recent lecture on painful menstruation and sterility from flexion reported in the January number of the Louisville Medical Herald, incidentally discusses the subject of nervous bladder in a manner much more in accord with the nervous mechanism and neural relations of this organ to the cerebrum, than is common among writers in his special department of work and indicates the progress of neural pathology over its legitimate and native domain.

The whole lecture is a highly interesting and instructive one, the perusal of which will greatly profit any of the readers of the Review who may find inclination and time to peruse it. We extract, however, only so much thereof as is germane to our present subject: In the great majority of cases neither anteflexion, nor, for the matter of that, anteversion, is pathological. In almost every unmarried or barren woman you will find the womb either bent forward or tilted forward, and resting on the bladder; for this, in varying degrees, is its natural position. The mistake made is in attributing to this natural position of the womb the various forms of pelvic trouble, especially that of irritability of the bladder, to which women are so liable. But the kinship between the brain and the bladder is a remarkably close one. This has lately been studied by two Italian physiologists, Mosso and Pellacani, who go so far as to contend that "every mental act in man is accompanied by a contraction of the bladder." The irritability of the bladder is then one of the first symptoms of loss of nerve control. Everybody is liable to it. You, on examining day, will be annoyed by it. Many a lawyer before pleading an important case, and many a clergyman just before delivering a discourse, is compelled, from sheer nervousness, to empty the bladder. So it is with the lower animals, which, when frightened, micturate involuntarily. A nervous bladder is one of the earliest phenomena of nervousness. Now, a hysterical girl, or a woman whose nervous system has collapsed under the strain of domestic cares, consults a physician for such symptoms of nerve prostration as wakefulness, utter weariness, a bearing down feeling, backache, and perhaps above all, an irritable bladder. Upon making a digital examination he, of course, finds the fundus of the womb resting on the bladder, and at once jumps to the conclusion that the whole trouble is due to the pressure of the womb on the bladder, viz., to the existing anteflexion, or to the anteversion, as the case may be. He now makes local applications, and racks his brain to adapt or to devise some pessary capable of overcoming the supposed difficulty, forgetting that the upward or shoving pressure of the pessary on the bladder must be greater than the corresponding downward, or gravity pressure of the womb. There is, in fact, no pessary but the dangerous stem-pessary which can meet the end without pressing upon a fold, or double thickness, of the bladder. But, very fortunately, anteflexion is not often pathological. It is certainly not pathological in the foregoing instances; for the symptoms, especially the ves-

ical ones, are not due to the pressure of the womb upon the bladder, but to sheer nervousness, or nerve prostration, which is the thing to be treated, and not the womb. There are exceptions to this rule, but not many. For instance, a womb, heavy from subinvolution, or from the presence of a fibroid, may make uncomfortable pressure on the bladder.

III. This subject finds an appropriate place in the pages of our valued contemporary, the Philadelphia Medical and Surgical Reporter, of Feb. 27. So many points of practical interest are touched in the article, that we reproduce what follows.

The role of the cerebro-spinal fluid in the causation of cerebral compression and its characteristic symptoms, and in the causation of ultimate neuratrophia of the nerve centers, is worthy of especial note by all practitioners of medicine.

"After Huegenin had finally settled the point that commotio cerebri is not caused by a concussion of the particles of the brain tissue, but by vascular paralysis, in consequence of which arterial anemia and venous hyperemia accompanied by capillary hemorrhages develop, v. Bergmann, the successor of Langenbeck at the University of Berlin, has taken up the subject of compression of the brain (Arch f. klin. Chir., xxxv., p. 705).

The brain can be pressed like a sponge, i. e., its fluid contents can be pressed out, but cannot be compressed. B. believes that in consequence of abnormally increased tension of the cerebro-spinal fluid, an acute general anemia of the brain develops. He succeeded in the case of a child, 15 months old, which suffered from a meningocele, in demonstrating the tension of the cerebro-spinal fluid. By crying as well as by pressure upon the fontanelle, he was able to show manometrically the increase of pressure, and to induce such a tension of the cerebro-spinal fluid that the typical group of symptoms belonging to compression of the brain, as sopor, coma, diminution in the frequency of the pulse, and artificial pressure, set in. That the experiments tried with the same view on rabbits by various authors, had no results, B. explains by the fact that the liquor cerebro-spinalis in rabbits is too small in quantity ever to give rise to compression of the brain. Besides, Cramer has proved by his investigations that any alteration in the tension of this fluid at once causes a change in the venous circulation. In consequence therefore of an injury, the tension of this fluid is increased in the same manner as B. produced by pressure on the fontanelle; this augmented tension first causes disturbance of circulation, the latter becoming difficult, and being impeded or totally obstructed for the time being, and afterwards the nervous centers are deprived of their nutrition, and their functions cease, while the increased tension. i. e., the compression, lasts."

IV. Dr. H. Emmet Wootten, Kempner, Texas, writes to the Virginia Medical Monthly that on the night of April 15, 1885, he was called to see Henry Dyer, a youth of 16, living at Butcher's Gap, Coryell county, Texas, who had been bitten by a rabid dog twenty days previous, in the calf of the right leg, taking out of the right leg a piece of flesh one inch in length. He was tied down to the floor with strong ropes; had been snapping and foaming at the mouth for six hours, and had convulsions every thirty minutes. The doctor gave twenty grains of the bromide of potassium in glycerine and water, and a hypodermic injection of morphine, one-half grain every two hours. The spasms ceased at 9:30 o'clock on the following day. A plaster of sub-nitrate of bismuth one inch thick was applied to the bitten leg and kept there until the third day. It brought away nearly a pint of greenish pus. The cure was attributed by the doctor to the bismuth and potash. Ten grains of calomel were given the second night. The dog bit a cow and a sow upon the place, both of which died on the tenth day.

Hydrophobia is by common consent and observation regarded as incurable, hence reported recoveries from this disease always excite one's curiosity as well as interest.

We are always curious to know the precise symptoms and treatment, and when the symptoms have heretofore been analyzed they have been found invariably to belong to counterfeit nervous disorders. In this case the snapping and foaming at the mouth are suspicious of a hystero-epileptoid non-hydrophobic neurosis, though hydrophobia may coexist with a hysteroidal and for that matter epileptoidal state.

The presence of so much pus is remarkable and would be itself a source of decided irritation, and might develop spasmodic symptoms in a neuropathic subject.

The pus does not necessarily prove the existence of the hydrophobic poison. The boy was bitten in the calf of the leg, probably through his pantaloons and drawers, and no virus may have reached the victim of the bite.

The fact that a cow and sow bitten by the same dog died on the tenth day after the bite tend to establish the existence of rabies in the dog, and the case is, therefore, worthy of our consideration.

The tolerance of half grain doses of morphine every two hours till nine o'clock the next day tend to show that some powerful source of central nervous irritation existed, if we knew at precisely what time during the preceeding night their administration was begun.

This case may or may not be progress. It is worth considering, at all events, but the bromides and morphia have been given before unavailingly in hydrophobia, and chloral likewise. Morphia, however, is much more sustaining in its influence than has been generally accredited to it, and these bold doses of half a grain, hypodermically, conjoined with bromide of potassium, internally, may be worthy of our attention.

The recorder of this case, as the record comes to us, makes no note of the characteristic difficulty of swallowing liquids. If the patient took bromide of potash every two hours, it was probably not a case of genuine hydrophobia, but the reader may think otherwise, hence this record.

V. Dr. Allan McLane Hamilton (Boston Medical and Surgical Journal) has been in the habit, during the past four or five years, of weighting the anterior part of the feet in ataxics whose locomotion was difficult and distressing. Those at all familiar, the writer says, with the peculiar heel gait of ataxics know that there is more or less weakness of the peroneus longus, and a failure to act against its opponent, the tibialis anticus, which is strongly contracted. Buzzard and Jackson first called attention to this explanation of the disorderly walk, which largely depends upon what the former calls the "overmovement of the associated muscles." The use of properly adjusted toe-weights serves two purposes—first, to overcome the tendency to violent hyper-flexion; secondly, to create an exaggeration of subjective consciousness of movement and location. The loss of plantar tactile sensibility is compensated by the perception of weight. In some cases with the adjusted weight it is possible for these patients to walk in the dark, which under other circumstances they could not do. The weight should not be so great as to produce fatigue, and consists of a leaded insole, or of a plate fastened between the soles. A few experimental trials will enable the physician to determine just how much lead is needed and where it should be placed For those cases which last some time, the degree of comfort is sometimes very great, and the patient's gait is less apt to attract the attention it would otherwise, saves him mortification and gives confidence in walking.

VI. Dr. Lombroso (Archivio di Psichiatria, Vol. VI., fasc. III), calls attention to the fact that tribadism is found among female insane patients in insane hospitals. Ten patients out of two hundred insane patients under treatment at Pavia were addicted to this practice, which had been introduced into the hospital by a fifty-year old cretin. The others were all acute maniacs, chronic confusional lunatics, and hebephreniacs. The acute maniac abandoned the practice on recovery, and spoke of it with disgust. Two

sisters (Journal of Nervous and Mental Diseases, January 1886), admitted at the same time to the Cook County Hospital for the insane, had been addicted to the practice, and one of them introduced it into the institution, where, by reason of overcrowding, two patients were often required to sleep in the same bed. Making the patients, addicted to the practice, sleep alone, the evil proceeded no further.

VII.—Dr. H. R. Stedman (Boston Medical and Surgical Journal, August 6, 1885) states that although many of the ordinary symptoms of chorea are attended at some stage by mental phenomena, the motor symptoms so far predominate as to completely mask them. On the other hand, in the most severe cases the mental disturbance which is often quite pronounced,being intensified by the energetic character of his movements, is apt to mislead the practitioner, who regards the case simply as one of insanity, and sends the patient to the asylum, whereas, if the case were recognized as one of chorea, he would hesitate to do so.

VIII. Dr. Percy Smith (Journal of Mental Science, October, 1885) reports a thirty-year old melancholiac who, on admission, was suffering from cranial injury, the symptoms of cerebral concussion replacing those of agitated melancholia at first displayed. With the full development of orbital cellulitis his mental condition improved to a considerable extent, but only to pass into profound depression coincidently with the disappearance of the abscess.

IX. Dr. J. G. Kiernan (Detroit Lancet, May, 1884) reports the following case of sexual perversion in a twenty-two-year-old girl who had a neurotic ancestry on the paternal side. Her face and cranium are asymmetrical. The patient has always liked to play boys' games and to dress in male attire. She has felt herself at certain times sexually attracted by some of her female friends with whom she indulged in mutual masturbation; these feelings come at regular periods, and are then powerfully excited by the sight of the female genitals. The patient in the intervals manifests only repugnance to attentions from men. She has been struck with the fact that while her lascivious dreams and thoughts are excited by females, those of females with whom she has conversed, are excited by males. She, therefore, looks upon these feelings as of a morbid nature. At times she is troubled by imperative conceptions, such as that if she turns her head around she will break her neck; to avoid this ideal danger she at times carries her head in a very constrained position.

X. Dr. Orpheus Everts, (American Practitioner, August, 1885,) concludes: That while overwork in a general sense is a prominent factor in the causation of diseases some of which are manifested by insanity, overwork in the performance of mental functions is not a sole or frequent cause of such diseases.

This is timely—overwork is but one of the factors, as the author shows, in brain break down. Excesses and irregularities of living and mental worry are the combined weights which make the strain of mental work hard to bear to so many.

XI. In Brain,for January, Dr. McLane Hamilton reports an interesting case of this kind in which the paroxysms followed the sudden suspension of large habitual doses of opium (as high as sixteen grains per day) and were caused to cease by firm testicular pressure. Coincident with the pressure, all rigidity relaxed and consciousness returned.

No cremasteric reflex could be evoked. The case is interesting because of the rarity of hystero-catalepsy in the male, the sudden abandonment of the morphine habit, and the success of the novel therapeutic experiment resorted to. The patient was rather fat, a married man, aged 35 years, intellectual and of good capacity, whose father was an irrascible man given to excessive stimula-

tion. Mother transmitted to him no neuropathic taint.

XII. Hale White (Trans. Roy. Med. Chir. Soc., 1885) from an examination of one hundred and fifty sections of these ganglia, concludes:

1. The typical ganglionic nerve cell is similar to other nerve cells.

2. It is rounder and larger than those of the anterior horns.

3. Many cells have no processes, nucleus, nor nucleolus.

4. They are generally, but not always, wasted, in patients who have died of wasting diseases.

5. Pigmentary degeneration is almost universal in the sympathetic ganglia and may be the cause of some of our undefined and undefinable ailments of little magnitude.

6. Ganglionic pigmentation has as yet no definite significance.

7. Pigmentation of nerve fibres is never found.

8. The quantity of fibrous tissue varied in different specimens and parts of specimens.

9. The superior cervical ganglion is better supplied with blood vessels than the semilunar, and the vascular arrangement is more constant in the former.

10. In chronic Bright's disease the ganglionic arterioles are thickened.

11. In acute inflammation of the ganglia great numbers of escaped white corpuscles and increase of connective tissue obscure the section.

12. Ganglionic congestion has been found in diabetes and purpura hemorrhagica and is the only constant pathological lesion.

XIII. Prof. H. Fol, of Geneva, reported to the Academie des Sciences, Dec. 14th, the discovery of certain bodies in the spinal cord of hydrophobic animals which could not be found in healthy cords.

XIV. The mental disorders of the preataxic stage of syphilitic locomotor ataxia is the subject of a recent communication by M. Fournier, the distinguished syphilographer, in L'Encaphale. One case, eventually one of well marked tabes, was ushered in by mental dulness, tardy ideation, inaptitude for mental work, cerebral fatigue, lasting a year, but disappearing at the end of that time under antisyphilitic treatment.

Another case before becoming ataxic became incapacitated for his usual work, and had eccentric and peculiar ideas, with melancholia and suicidal inclinations. These finally gave way, and were succeeded by the usual tabetic symptoms.

XV. Kirchhoff (Arch. fuer Psych. Bd. XV.) records another clinical confirmation of the location of this center in the sacral spine.

His patient fell and fractured the first lumbar vertebra. Paralysis of lower limbs, bladder, rectal sphincter followed. In a year the limbs regained their function, but the rectal and vesical paralysis remained. Retention of urine was finally followed by incontinence. Death took place eighteen months after the accident from pyelo-nephritis. The autopsy revealed lesion at the origin of the third and fourth sacral nerves.

DERMATOLGY AND SYPHILIS.

BY G. W. MOORE, M. D.

I. Lustgarten's Syphilis Bacillus.
II. Alopecia Areata.
III. Treatment of Freckles with Carbolic Acid.
IV. Removal of Warts.
V. Quinia Eruptions.
VI. Hereditary Syphilis.

I. In a lecture on Bacteriology, held in the Hygienic Institute, Dec. 9, Prof. Koch denied that Lustgarten's syphilis bacilli could in the present state of affairs be accepted as fully diagnostic and pathognomonic, as the microbes detected in the smegma of the prepuce showed the same appearance as to coloration and general chemical tests. Prof. Koch says it is fair to add, however,

that Doutrelepont had recently endeavored to show by a complicated coloration process that the smegma-bacilli presented a definite difference of behavior from that of syphilitic parasites, detected in various parenchymatous tissues. But so long as Doutrelepont's claims lack a firm substantiation, Lustgarten's baccilli can, according to Koch's views, not be invested with an absolute diagnostic character.

Koch also referred to the still unexplained identity of the bacilli of tuberculosis and leprosy.

II. In an article upon this subject (N. Y. Med. Jour.) Dr. Geo. Thomas Jackson speaks highly of a pomade consisting of the fl. ext. of jaborandi, boiled down to half its volume, and mixed with lard in the proportion of one to four, as a stimulant to the growth of hairs. This should be thoroughly rubbed in twice a day. In one case of the recurrent type the hair, after two relapses, returned in ten weeks. But it had no power to prevent the formation of new patches. Another case in a choreic child, in which the spots were continually growing larger, notwithstanding the use of various approved remedies, the application of this pomade caused the hair to return in ten weeks.

By the use of a solution of corrosive sublimate, one grain and a half to the ounce, lanugo hairs began to grow upon spots that had been bald for more than a year, in about ten days.

[The weight of opinion is in favor of the neurotic origin of alopecia areata, as opposed to the parasitic.]

III. Dr. Halkins recommends the following: The skin being washed and dried, is put on the stretch with the fingers of the left hand, and a drop of pure carbolic acid is applied directly over the patch. When it dries the operation is complete.

The skin becomes white and the slight burning sensation soon disappears. The burned cuticle should not be disturbed; in a few days it will come away spontaneously, leaving a rosy spot that readily returns to the normal color. (American Practitioner and News).

IV. Dr. D. C. Platt suggests the following for removing warts:

℞ Cryst. argenti nitratis, - - ʒi.
Acid nitro-muriat, - - - ʒi.

M. Paint the wart with a camel's hair brush once a day. [New Eng. Med. Monthly.]

[Chromic acid has answered my purpose well in removing warts.]

V. M. Lavasseur has studied and presented in a thesis the various forms of eruptions arising from the administration of quinia to certain individuals.

These eruptions of rather rare occurrence, which have but recently been traced to their true source, are worthy of consideration, inasmuch as they may give rise to serious errors in diagnosis should the cause go unsuspected.

They may assume four principal forms: The scarlatinous, the rubeolous, the papulo-erythematous and purpurous.

The scarlatinous form—the rarest, perhaps, of the four—may so completely simulate scarlet fever as to render the diagnosis extremely difficult. Thus in one of M. Lavasser's cases the general symptoms were marked from the beginning. There was fever, frequent pulse,headache and general malaise. The eruption appeared in a few hours, and assumed in every respect that which characterizes the rash in scarlet fever. The redness was not restricted to the integument, but invaded the fauces as well, without, however, causing enlargement of the tonsils. These cutaneous and mucous symptoms persisted two or three days and were followed by desquamation, rendering the analogy complete and striking.

If a relapse should occur, or the eruption be prolonged, due to a renewed dose of the quinia, the deception would be most likely to occur to any but the most observing.

The rubeola or roseola form is much more likely to occur than the scarlatinous. It manifests itself by the sudden appearance of numerous rose-colored spots, their appearance

offering a singular resemblance to papular erythema.

The purpuric form is an exceptional and peculiar cutaneous manifestation. and is characterized by its limited number of echymosed spots which are small and confined to certain regions of the body: their appearance is sudden and their disappearance rapid.

These various eruptions which follow the ingestion of quinine, are purely the result of idiosyncrasy in the patient, and do not depend on the size of the dose and will invariably occur whenever this remedy is administered.

In a diagnostic point of view we should not forget that analogous eruptions occur after the administration of other medicines as balsam copaiba, arsenic, belladonna, etc.

In this category M. Lavasseur refers especially to chloral, which has been studied by M. Joffry.

This eruption presents itself most frequently under the erythematous form, is very rarely generalized, showing a decided preference for certain localties, as the face and neck, as well as the large articulations. It is never preceded or accompanied by febrile symptoms, is intensified by indigestible matters, and especially by alcoholic drinks, and is generally accompanied by violent palpitation and dyspnea. Finally, the exanthem is of short duration and is never followed by desquamation.

Quinia eruptions, fortunately, are not of such gravity as to require its interdiction, if disease for which it is given requires its continuance.—(Journal de Médecine, Paris.—Columbus Med. Monthly.)

VI. There is perhaps no disease which has been the subject of more thorough research and discussion for so long a time as syphilis, and yet there are more conflicting opinions to-day among syphilographers than any other class of specialists.

This very fact has the effect of confusing the general practitioner in recognizing any but the most patent features of this almost omnipresent disease. Certain it is, that very many syphilitic children are allowed to remain the prey of this monster, inheritance, and go on through a miserable existence to an untimely end, simply because their true condition has never been recognized, and consequently proper treatment never been given.

The hereditary forms are especially difficult of detection by those unfamiliar with its manifold phases.

With the view of placing before the profession some recent observations from an entirely trustworthy source, that may aid the general practitioner in the early recognition of hereditary syphilis, I shall quote largely from a lecture delivered by J. M. Keating, at the Philadelphia hospital.—(Philad. Med. Times.)

After speaking of the almost universal prevalence of syphilis, he defines the hereditary form as that which has been transmitted by either parent before the seventh month. This matter of transmissibility is one of great interest, and many theories have been advanced by different observers in attempts at its elucidation; but as yet it may be considered an open question. Some authorities are of the opinion that men with tertiary syphilis may procreate non-syphilitic children; others believing that it is not any more transmissible than communicable in other ways.

The weight of opinion seems to support the view that, after four years of careful, conscientious, specific treatment, the danger of transmission of syphilis to offspring is at a minimum if it exists at all.

[We can at once imagine that there may be a wide difference of opinion as to what the above may imply, and really does not answer at all the vexed question which has been so long asked and yet remains unanswered, of "How long a man should wait before marrying that he may not beget syphilitic children ?"]

Dr. Keating further says, it seems also to hold good that even if both parents are infected but have reached the tertiary stage, the danger of infection is small. The doctor, notwithstanding the foregoing, expresses his opinion to the effect that we should be ex-

tremely careful about recommending matrimony to syphilitics. Some authorities consider many cases of scrofula as glandular syphilis. A notable and able exponent of this view was the late Prof. Gross.

The syphilitic child is born into the world, an object ready to infect all but its mother. This is in accordance with the "law of Colles," which is about as follows: A child born of a mother who is without obvious venereal symptoms, and which without being exposed to any infection subsequent to birth, shows the disease within a few weeks—this child may infect the most healthy wet-nurse, whether she suckle it, or merely handle and dress it, and yet is never known to infect its own mother, even though she suckle it while it has venereal sores on its lips or tongue." This law seems to show that in all probability the mother has a latent form of syphilis which renders her incapable of receiving the disease, she having contracted her disease from the fetus, from an ovum becoming impregnated by a syphilitic spermatozoid.

Says Dr. Keating: I am not as yet prepared to claim entire allegiance to the law of Colles, nor do I believe that every woman who gives birth to a syphilitic child is of necessity syphilitic herself. Diday recognizes the fact that many women who bear children to syphilitic fathers escape contagion altogether.

Referring to the fact that some eminent authors deny the possibility of syphilitic infection by conception, he says that the great mass of clinical facts and a long experience in that hospital go to show the frequent if not the invariable infection of the mother through the fetus. Never in his experience has he seen a chancre on the nipple of a woman who had borne an infected child—she having obtained immunity by first acquiring the disease. In some instances it seems to be an undoubted fact that the father has transmitted syphilis to the child without infecting the mother; that a woman who conceives while perfectly healthy may contract syphilis during utero-gestation, and give birth to a syphilitic child.

The symptoms which are most often present in the new born syphilitic babe are, "snuffles," and a peculiarly harsh cry, due to inflammation of the mucous membrane in the respective localities. Occasionally syphilitic pemphigus will be met with on palmar surfaces. These children are not necessarily senile-looking, as is so often insisted on. Erythema, roseola and papular eruptions show themselves about the third week after birth, generally commencing on the abdomen in irregular red spots. Mucous patches are valuable aids to the diagnosis of these cases. A point to be remembered in connection with these patches is their situation, as compared with the ordinary non-specific ulcers of stomatitis, the specific being usually found at the muco-cutaneous junction at the angles of the mouth, the dorsum and borders of the tongue, points rarely affected by non-specific stomatitis.

[In regard to the appearance of pemphigus in these syphilitic infants, I will state the opinion of Dr. Duhring who says: "Syphilis is NEVER a cause of the disease; it, however, as is well known, occasionally gives rise to a bullous eruption resembling pemphigus, but with a different train of clinical characters. The so-called syphilitic pemphigus is manifestly a bullous syphiloderm, and not a true pemphigus."

On the other hand, Dr. Bulkley distinctly recognizes "Pemphigus Syphiliticus;" and my own observation causes me to coincide with him. If it be true that this is only a bullous syphiloderm, it must be admitted by almost every one that so far as any diagnostic differences are concerned, they are entirely inappreciable as a rule.

The following case occurred in my practice, which is so intimately connected with syphilis as a cause, that in my own mind I am convinced that this (to all intents and purposes a true pemphigus) was the direct cause of the condition: Case—A healthy married couple, who had several healthy children, were separated for a time, during which the husband contracted syphilis. In due time after the return of the wife, she consulted me in re-

gard to a chancre upon her person. She, after learning the nature of the sore, informed me that she was confident she was pregnant, and asked about the effect upon the child in utero. After receiving my opinion she left, and I saw nothing more of the case until called to see the child which had been born and was then several weeks old.

Almost the entire body was covered with blebs, and the remains of former ones, scattered over and hanging to the skin like so many dried and empty grape hulls. In addition to this there were present all the other symptoms of inherited syphilis in the newborn child.

I am ready to admit that was undoubtedly a "bullous syphilide," but where and how it differed from pemphigus I am unable to see.]

CONTRIBUTION.

A DISCUSSION ON THE JUSTIFIABILITY OF CRANIOTOMY.

BY F. L. JAMES M. D., ST. LOUIS, MO., AND AMOS SAWYER, M. D., HILLSBORO, ILL.

St. Louis, Mo., Jan. 10, 1886.

Amos Sawyer, M. D., Hillsboro, Ill.

Dear Sir.—Your postal card requesting a copy of the Journal containing my views on craniotomy, etc., is at hand. I am sorry to say that I have not at my disposal nor can I procure for you the copies requested, as I am informed by the publisher that the editions are both exhausted. The first article appeared nearly a year ago, in February, 1885, and the second in August. You say you differ with me. I will state my position here. It is briefly:

1. To medical men belong medical things, and consequently the action of the Congregazione del Santo Uffizio, had it been otherwise correct, was an impudent assumption on the part of men untrained in medicine (by which term I designate all the allied branches) to dictate to men who are so trained.

2. That while craniotomy may sometimes be avoided by abdominal section, in the great majority of such cases it cannot be so replaced—not, at least, until the standard of surgical education has been universally raised to a much higher grade, not merely in this country but all over the world. In great cities where a surgeon skilled in such operations can be called in under such circumstances as are supposed to exist when craniotomy is an alternative, it is well enough to consider other means. This would apply, even then, to the wealthier classes who are able to pay the fees demanded by skilled surgeons. But it is generally among the poor and the middle classes, who are compelled to depend upon the services of the neighborhood doctor and the midwife, that these contingencies arise; and since in every instance the life of the mother is the most valuable (and it is a certainty, or nearly so, while that of the child is problematical under all circumstances), it is plainly the duty of the physician to do the best in his power. He has no right to attempt anything that would further jeopardize the mother.

The papal interdict leaves no discretion whatever. It says plumply in answer to the query, very skilfully worded so as to leave no room for misapprehension, that under no circumstances can craniotomy be taught. The archbishop's question was: "Can the operation known as craniotomy be taught, and under the following circumstances, viz.: when this operation is resorted to, the life of the mother may be saved, and the child alone perish, *but without the operation both mother and child must perish.*" The answer was "the operation cannot be taught (allowed) which is equivalent to saying in so many words "both mother and child must perish." *And I say* that such a doctrine is simply devilish and damnable. If it be the wisdom of God's vicegerent upon earth, irrevocable and infallible, I say—out upon such a God! He is worse than Baal, for Baal was content with the babies alone as a sacrifice, while this papal improvement on the gloomy Hebrew autocrat of heaven and earth wants mother as well! In reflecting upon this papal mouthpiece of the Everlasting, I cannot but bring to mind the words of the Sultan of Babylon, addressed to a Christian captive, as preserved in a medieval passion play of German origin:

> Het Jhesus von Nazaret
> Nit mehr Uebels getan
> Als das er solchen Man (i. e. the Pope)
> Sein Geschaeft empfohlen hat
> Es war ein grosser Misthat."
>
> (Old German Play, XII Cent).

Freely translated it means "If Jesus of Nazareth, never did any other wrong thing (worthy of crucifixion) the fact that he left his business to *such* a man (as the Pope) is a very great crime."

Mind you—I do not speak of God or of Christ as I conceive them to be, but as their

characters are painted by those who propose to speak and act for them. Hence in the editorial to which you probably refer in your note I quote the words of one of the greatest of the philosophers of antiquity—Epicurus, who says: "Non deos vulgi negare profanum, sed opinionem vulgi Deo applicare profanum." "Profanity does not consist in denying the existence of the gods of the rabble, but in giving to God the attributes ascribed to him by the rabble."

While I hold that no sane man can deny the existence of a great creative and over-ruling power, whose attributes are infioite, but perfect order, unchanged and unchanging, I would not hesitate a moment as between a belief in *no God* at all, and a God, who would authorize a set of monastical fanatics to promulgate such laws, as the one which has called forth my denunciations.

I have stated my position on the question, and if you have any arguments to make against it, I shall be happy to listen to them —provided they are based upon the laws of medical science and *natural*(not "revealed," so-called) *religion.* By the latter I mean those principles of right and wrong that are inherent and intuitive to the healthy human being. I make the proviso because I have neither time nor inclination to enter into a discussion based upon any other ground.

You are at liberty to make any use you please of this communication, if you choose. I mean to make a public answer to it. Hoping that I do not offend any religious convictions of yours by my plain words (as I always try to respect the honest convictions of every one) and that you will excuse my long windedness I am Yours very truly,

FRANK L. JAMES.

HILLSBORO, ILL., Jan. 25, 1886.

FRANK L. JAMES, M. D., ST. LOUIS, MO.

DEAR DOCTOR.—You say, "To medical men belong medical things." To this I answer, assuredly they do, and the members of the profession should remember this, and no matter what they *believe* outside of this special branch of knowledge, never forget that they are in consequence unfit to act as judges in ecclesiastical matters, for if "to medical men belong medical things," surely for the same reasons to ecclesiastics belong ecclesiastical things. You continue, "and consequently the action of the Congregation Santo Uffizio, had it been otherwise correct, was an impudent assumption on the part of men untrained in medicine (by which term I designate all the allied branches) to dictate to men who are so trained." Here you seem to have lost sight of the fact that this question was considered not from a medical but from an *ecclesiastical* and moral point of view, and was strictly within their province and was a proper subject to discuss, in order that those members of the Catholic church who follow her interpretations of God's commandments (and these include, as they have in the past, a host of children who rank amongst the brightest intellects in the century in which they lived) might govern their actions by her decision in this matter. You should remember the words of Cicero, so applicable to your case: "It becomes all men who deliberate on dubious matters to be influenced neither by anger, affection, hatred or pity, for the mind, when such feelings obstruct its view, cannot clearly see what is right; nor has it at the same moment considered its passions and its interests. When the mind is freely exerted its reasoning is sound, but passion, if it gain possession of it, becomes its tyrant and reason is powerless." That this reasoning is logical, we have evidenced by the fact that all courts of justice, ecclesiastical included, base their actions upon it where a change of venue is desired because the accused *believes*, with a show of probability, that such a condition exists with the judge or judges, as well as in the selection of a jury. Therefore, when you act in the *self-constituted* capacity of judge in this case, by virtue of the pre-conceived opinions you confessed to have already formed upon this subject, your decrees are unworthy of notice, not to mention the "impudent assumption on the part of any single man untrained in ecclesiastical matters, to dictate to men who are so trained."

You say, "That while craniotomy may sometimes be avoided by abdominal section, in the great majority of such cases it cannot be so replaced—not at least until the standard of surgical education has been universally raised to a much higher grade, not merely in this country but all over the world." In the first place, the necessity for the operation very rarely occurs. We have in this county practitioners who inform me, two of them, that they each had an obstetric record of over 500 cases and never yet had occasion to use an instrument of any kind, another, with a list covering over 1,000 cases, with the same fortunate termination. But admitting that the next one may prove the exception and necessitate an operation, within ten miles, in different directions, there are three competent surgeons who would not hesitate a moment to perform the abdominal section for

this, as they have frequently done before for other causes. In large cities, you, to a great degree, practice specialties and, therefore, you are not as thoroughly *practically* educated as we in the country who must keep posted so as to meet any emergency that may arise in any branch of our profession, and that want for a higher surgical knowledge *with you* is no doubt felt, but I deny that this is the case in the country. A surgeon in the country, with a perfect anatomical knowledge, a steady hand, good instruments, confidence in his ability to meet any exigency which may arise during the operation, or in the patient's progress towards recovery, is more likely, owing to the hygienic surroundings, to succeed than his more noted brother in the city, and were we all to act on your advice and only call in the experienced to do this work, who will fill their places when they pass away? If this rule had always been followed, would we ever have had a McDowell, of Kentucky; or any of the distinguished surgeons who have made advances?

No, there are just as competent *country* surgeons, attending to their daily professional duties who are unknown outside of their field of labor, as there can be found in the great cities,who have won name and fame by their dexterity made known through the medium of medical journals and societies. The work of these men, though quiet, is none the less of a very high order of merit and deserving of fame. I believe in a higher standard of education in all the branches of science, and God knows there is room for it; but I deny that the ignorance of surgical knowledge *in the country* that you picture in your letter has any foundation except as it exists in your brain. Why, my dear Dr., if you could obtain for your Journal the reports of but one in ten of the cases of abdominal section and other equally as dangerous operations performed in the country by *country* surgeons, with its present size it would be the only reading matter it contained. I affirm that, with our present knowledge, where the death of the child has not already occurred, the abdominal section can and should be performed. If I am correctly informed, the law of the land sanctions the slaughter of the child in those cases where otherwise both mother and child must perish. Or more correctly, speaking in the eye of the law, it is not murder to kill the child before it is separated from the mother, but it is manslaughter, if the life of a child is destroyed other than under the above named exceptions. That while it is yet unborn it has no separate existence. That to this interpretation is due in a large measure the wholesale slaughter of innocent-unborn children, is to my mind a settled fact. Surely it is no light thing in the face of God's command, "Thou shalt not kill", to delegate to any human hand the power to plunge a piece of steel into the human brain, with the *intention* of destroying that life that alone belongs to its Creator. That this mysterious life that energizes and vitalizes the chemical combination we call human, and to which it gave birth, has a separate existence from the time of conception, though dependent upon the being which contained the receptacle designed for it during the first nine months of its existence, there can be no doubt; but as far as the assimilation and deposition of the materials necessary for the maintenance of this psychical life and continuance of its material growth is concerned, it was fully as independent before as after birth. It is a distinct human life with all the developed and undeveloped psychical and physical properties necessary for such a being to possess, and it is therefore entitled to the same protection. In fancy, I picture a mother and her babe, holding to a plank in the middle of a river, but under the combined weight of its living freight and the absorption of water, both in a few hours will inevitably be lost. There is no other means of rescue. I take in the situation and send a bullet crashing through the child's brain, when relieved of part of the weight the plank reaches the shore, and the mother, the most valuable life, is saved; but I, under the law, am a murderer, though for the life of me I cannot see why I was not as justified under these circumstances as I would be to plunge an iron rod into its brain under the other. Three men in a boat without provisions are about to starve; they cast lots, and one is shot and eaten; here *one* life is sacrificed to save *two*, yet the law says to the survivors you are guilty of murder and must die, and hang they would but for the salvation of a pardon. Here are a party on short rations, the life of all depends upon a mere daily crumb for each one of the little community, the very least that they could exist on from day to day having been calculated with a mathematical precision which foretold the day of their death, unless rescued, to almost the hour. One of the number, unable to resist the pangs of hunger, overcoming every obligation that he owed to his fellow-sufferers, stole some extra rations, was warned, repeated the offense, and was shot, that the rest might live. Nevertheless, according to the law of the land, which is the law of God, the commander that ordered it, as well as

they who executed the order, were murderers, for no attempt was made to arrest and confine him. Now this "Texas drop" assassination was a braver act, than it is to attack within its mother's womb, a poor, unborn child that can neither get out of the way nor cry for assistance, as could the little tottling two-year old, and thus per chance bring to its assistance some friendly staying arm. I do not say that in every instance the life of the mother is the most valuable, for that depends upon circumstances.

With regard to your quotation from the German play (XII. Cent.), I am not at all surprised at your seeming agreement with this heathen sentiment regarding Christ, and will dismiss this part of it very briefly by reminding you that the wisdom of the measure must be apparent to any sane, reasoning mind, for it is an historical fact, and to deny its authenticity is tantamount to denying the possibility of establishing any fact whatever, that the Catholic church under the Pope did preserve the Christian religion, as revealed by God, and upon which the laws of the country in which you live and which affords you that protection by which you can blaspheme this holy name without punishment, is founded. And they did this at a time when to be known as a Christian was to suffer the penalty, death, by the most horrible torture barbarism could invent. Yet they suffered martyrdom rather than disclose where their fellow Christians could be found, and for the adoption of this plan for the preservation of his commandments, the success of which proves His wisdom, *you* deem an act worthy of crucifixion.

3. You say: "Mind you, I do not speak of God or of Christ as I conceive them to be, but as their characters are painted by those who propose to speak and act for them," etc. The character of God and His Divine Son, Jesus Christ, is painted by the Catholic church, and all Christian denominations, ("allied branches") just as our Lord painted it, and it is all contained in one word, *Love*, love given and love required in return. "Thou shalt love the Lord, thy God, with all thy heart and with all thy soul, and thy neighbor as thyself." Could you or your Babylonic teacher paint a more beautiful picture? I deny that *you* or any other human being can improve upon it, and affirm without the fear of contradiction, that a strict observance of these laws will make a heaven on earth. Follow the teachings of Jesus Christ, upon which the Christian religion is founded, and no more can or will be required of you. The Christian's picture of Christ is the one painted by his own blessed hands for us to copy, and it is one that is resplendent with perfection's dazzling beauty, blending as it does with such exquisite taste all the moral colors necessary and for which there is no substitution. This picture portrays how Jesus (Saviour) bore the flight of friends, the stern denial vow, the thorns, the spear, the agonizing cross with want, persecution, torture, death, and all for man's salvation. Surely this is *the* picture, combining the beauty of perfection and one that nothing but a *Christian* mind can fully compass, for it is a theme that the deft fingers of the most renowned artist never has and never can transfer to canvas. I ask you, are these "the attributes ascribed to Him by the rabble?"

Lastly, you say, "I have stated my position on the question, and if you have any arguments to make against it I shall be happy to listen to them, provided that they are based upon medical science, not revealed, so-called, religion. By the latter, I mean those principles of right and wrong that are inherent in and inductive to the healthy human being. I make the proviso, because I have neither time nor inclination to enter into a discussion based upon any other grounds." * * * Hoping that I do not offend any religious convictions of yours by my plain words," etc. Now, doctor, you remind me of a man coming up and giving you a smack over the head with a club and then asking your pardon if he has hurt you, and politely requesting you not to strike back as he has not the time or inclination to defend himself. It is rather more than human nature can comply with, even if you had the right to demand it, and therefore I have tried to answer your letter in detail. *I* have neither the time, inclination nor ability to discuss this question from an ecclesiastical point of view, and recognizing the necessity for some authority to settle mooted questions arising in ecclesiastical as well as secular matters, I have not the impudence to presume to question the wisdom of the decisions made by those who have had this power delegated to them by reason of their having made this particular branch of knowledge their entire study. A supreme court or a supreme head from whose decision there is no appeal, is a necessity upon which the government of a country, of a corporation, of a family, and consequently the safety of society depends.

In a word, then, craniotomy is legalized murder, and nothing less, and with our *present* surgical knowledge *in the country*, is unnecessary and uncalled for.

Very respectfully,

AMOS SAWYER

SOCIETY PROCEEDINGS.

ST. LOUIS OBSTETRICAL AND GYNECOLOGICAL SOCIETY.

Stated meeting, Thursday, Jan. 21, 1886, held at the residence of Dr. Engelmann, President, Dr. McPheeters, in the chair.

The regular paper of the evening was read by Dr. Gregory on

Successful Removal of a Uterine Fibro-Myoma.

Some months ago a lady from the interior of the state consulted Dr. Gregory on account of a rapidly developing abdominal enlargement, which was causing her much annoyance and suffering. Examination revealed a tumor which seemed to involve the uterus and appeared elastic, semi-fluctuating and of a semi-solid consistency. The menstrual flow not having appeared for several months, the doctor did not venture to enter the cavity and abstained from the use of the uterine sound. The conditions were such that he strongly suspected pregnancy, although the abdominal enlargement was greater than it should have been to correspond with the supposed time of conception, and certain abnormalities existed which did not accord with the theory of simple pregnancy. However the suffering was not such that an operation under questiouable circumstances seemed indicated to the doctor and he sent the lady to her home with the comforting assurance than in due time she would probably be delivered in a natural way of her troubles. Soon after her return home a miscarriage came on and the ovum was expelled, but the suffering was diminished. The abdominal enlargement again increased and the pain became agonizing, no longer to be subdued by opiates, so that the attending physician summoned Dr. Gregory, who had expressed his intention of operating, if relief did not follow the expulsion of the ovum. Upon opening the abdomen the tumor was found to be a uterine myoma; the tumor and uterus were removed; the pedicle and cervix, which was clamped at the internal os, was treated by the extra-peritoneal method. During the first twenty-four hours the patient seemed in danger of shock, but after that rapid recovery followed with an uninterrupted progress. The clamp was removed in due time and the patient is now free from all suffering. There are several peculiar features in the case: First, of all, the peculiar feel of the soft, rapidly growing fibro-myoma, which will, even to the most sensitive touch, often give the feel of fluctuation. In the early stage the mass of the tumor so much resembled the feel of the pregnant uterus, that no definite diagnosis could be reached, and even after the expulsion of the ovum that peculiar symptom remained. Then the doctor called attention to the continued growth of the tumor when the physiological development of the uterus had ceased. The tumor continued its growth during the process of involution. It is well known that uterine tumors are liable to develop or to grow during pregnancy with the physiological congestion and development of the uterus itself, but usually a shrinkage takes place during the period of involution.

Dr. Engelmann complimented Dr. Gregory upon his successful operation. He called attention to the abuse of the term fibroids; all solid uterine tumors, not malignant, being called fibroids, whilst the fibro-myomata are really by far more common, also the simple myomata. The tumor here in question was a rapidly growing myoma, a pathological development of the muscular fibres of the uterus, so that the tumor itself was a very much enlarged and hypertrophied uterus. Dr. E. referred to cases which had occurred in his own practice, of small uterine tumors which caused no annoyance at other times, but were very much enlarged during pregnancy, rendering labor difficult; again diminishing in size with the involution of the uterus. He has seen two cases in which these tumors, rapidly growing during pregnancy, were expelled after the placenta.

Dr. Yarnall related a case similar to that of Dr. Gregory. A lady who had aborted, expelled a solid tumor after the ovum, but continued to enlarge thereafter so that, when she consulted Dr. Yarnall, six months later, she was as large as at full term. The doctor dilated repeatedly with sponge tents, and found what he took to be the nucleus or remains of quite a large fibroid. By these dilatations the excessive pains were relieved and the uterus gradually decreased in size. He believes that the remains of the fibroid tumor had disappeared under the use of the tents and the accompanying ergot treatment. The intense pain and increased growth of the tumor after delivery are precisely as in the case cited by Dr. Gregory.

Dr. Coles thought the continued enlargement after delivery the most remarkable circumstance in connection with Dr. Gregory's case. He cited a case in his own practice in which a fibro-cystic tumor developed during pregnancy, giving the appearance of twin pregnancy, but after delivery the uterus was found empty, and an elastic tumor, with the

semblance of fluctuation, remained in the median line. It did not shrink much, as was to be supposed, after delivery, though it did not grow so as to give annoyance; on its removal it proved to be a fibro-cystic tumor with the internal portion filled with a grumous material, apparently once a solid fibroid, growing rapidly, so that the internal portion was to a certain extent cut off from nutrition. He has observed a case of a woman, now upon the verge of the change of life—a mulatto woman, with a very much enlarged abdomen, who has from time to time much hemorrhage. As she is nearing the menopause he has advised her to wait and see what effect it will have.

Dr. Engelmann suggested the use of the galvanic current in such cases as being the most effective weapon. Small tumors of the kind he now treats by this method and reduces them readily and rapidly; he treated patients in his office in this manner. The treatment is rapid and effective, giving but little pain. Before he had learned to use galvanism he had treated such cases with ergot, and had seen very striking results, the tumors being reduced, in two cases disappearing entirely. He has seen one case of an enormous uterine fibroid, in which he had long tried treatment in vain; it was greatly reduced after the menopause, years after treatment had ceased. He believes that a galvanic current, properly applied, is a means almost as sure as the knife, and a great deal less dangerous.

A powerful current only will accomplish the result, and this must be carried into the depth of the tissues. To use a current sufficiently strong the necessary appliances must be obtained; above all, we must measure its strength exactly—we must dose it.

Dr. Coles has used ergot a good deal, but found that patients became so disgusted with it that you cannot continue it for a sufficient length of time to obtain much benefit. He thinks it only of service if the patient can be kept under its influence for a long time, which is difficult unless you have the patient in a hospital, or under the eye of an attendant. He has tried, ever since he first entered the profession, to develop all the good there is in electricity, but after years of experience thinks less of electricity now than he did at first.

Dr. Engelmann related a case of a lady with heart disease, who was suffering from a small uterine tumor which could easily have been removed by operation if anesthesia had been possible. He succeeded in destroying the tumor by the use of the galvanic current, without giving her any more pain than would have been occasioned by the ordinary gynecological treatment. This was accomplished in his office, the patient walking home after treatment. He has the highest regard for the various forms of electricity, if properly dosed and applied. He has had great success in the short time he has used it. He has seen wonderful results in the hands of the great leader in this branch of surgery, Apostoli. Formerly electricity was used without a knowledge of its strength; it was a powerful remedy given without an exact dose. The number of elements used was the only known measure, and this, the doctor says, is an entirely faulty way of judging, the effect depending as much upon the electrode used as upon the number of cells.

Dr. Gregory hails with delight any suggestion which points to the success of unbloody surgery; he feels that surgery is doing its best if he can get a result without cutting. Great importance is to be attached to the statements, made by Dr. Engelmann, regarding electricity. He thinks, in his case, it was most extraordinary that after the abortion—the withdrawal of the circulation from the uterus—no arrest in growth occurred: but the symptoms were all intensified. He cannot understand why uterine tumors should not decrease when the vascularity of the organ itself is diminished. Much good will come from the idea of Dr. Engelmann of introducing needles directly into the substance. The error so far has been that we have never gauged the force we were using. The subject certainly is worthy of our best effort.

Dr. Briggs asked Dr. Engelmann regarding the results he has seen attained by European operators.

Dr. Engelmann is not astonished that the gentlemen should seem incredulous. The results are marvelous; he was led to adopt this practice by the wonderful results he had seen achieved by Dr. Apostoli in Paris, the only one who has made the use of electricity in gynecology a specialty. This gentleman has reduced large uterine fibroids extending above the navel with exudation in the cellular tissues surrounding the uterus.

Dr. McPheeters was struck most favorably by the idea of introducing the electric current into the diseased tissues.

—Dr. Austin Flint, who is to preside at the coming International Congress, has accepted an invitation to deliver the Address in Medicine at the next annual meeting of the British Medical Association, to be held in Brighton next August.

CHICAGO MEDICAL SOCIETY.

OFFICIALLY REPORTED BY J. A. ROBISON, M. D.

Stated meeting, February 15th, 1886. The President, C. T. Parkes, M. D., in the chair.

Dr. William T. Belfield gave a brief outline of

Seven Cases of Digital Exploration of the Bladder of the Male,

as follows:

Case I.—A datient 58 years old, who had been treated for several years, by various physicians, for cystitis and prostatic enlargement; complete retention had occurred several times. A diagnosis of villous tumor of the prostate was made, the nature of the growth being predicated upon the semi-gelatinous state which the urine presented after standing for a few minutes—an almost pathognomonic symptom when present. Exploration revealed a small villous growth just to the left of the urethral orifice in the bladder; and imbedded in its meshes were found two stones, as large as a pea and a bean respectively, whose existence had not been suspected. Patient made a rapid recovery, and was entirely free from his old complaint three months afterwards.

Case 2.—A boy 17 years old had for two years suffered from frequent and painful urination, during which time considerable pus was constantly present in the urine. A probable diagnosis of tuberculosis of the urinary tact was made, and was confirmed some time afterward by the discovery of the characteristic bacilli in the urinary pus. At the urgent request of the parent the bladder was explored, with negative result. Some months afterwards nodular enlargement of the prostrate and epididymis were developed. Patient's symptoms unimproved by the operation.

Case 3.—A man 63 years old, in the last stages of chronic cystitis, was admitted to the County Hospital. Had been treated for enlarged prostate. No enlargement of this gland could be recognized, but there was found, upon rectal examinatioh, a collection of calculi occupying the exact site of the left seminal vesicle. Upon exploration of the bladder it was found that these calculi were contained not in the vesicle, but in a diverticulum of the bladder, where they were completely encysted and covered with mucous membrane. This covering was torn and seventeen stones were removed. The patient's condition was much improved for two weeks after the operation, but at the end of six weeks he died.

Case 4.—A man 38 years old, suffering from all the symptoms of an extremely tight stricture of the deep urethra. No stricture could be found. Upon exploration of the bladder there was discovered a pedicled cyst attached to the upper orifice of the urethral opening, and completely occluding the urethra like a valve; the tumor appeared to be as large as a small walnut. During an attempt at removal with forceps the cyst collapsed, about half an ounce of clear fluid escaping. The patient recovered, and has since remained quite free from urinary irregularities. This appears to be the first recorded instance of simple cyst in the male bladder.

Case 5.—A patient 33 years old, admitted to hospital in a typhoid condition, suffering from cystopyelitis for which no cause was discovered. Exploration of the bladder showed nothing abnormal. The cystitis and pyelitis subsided completely. When patient was able to leave the hospital, it was discovered that he was suffering from an incipient myelitis.

Case 6.—A man 31 years old, admitted to hospital with violent and fetid cystitis. It was found impossible to pass any instrument over a prostatic obstruction into the bladder; from the rectum the prostate was found irregularly enlarged. Upon exploration of the bladder, a malignant tumor, involving the prostate and a large part of the bladder wall, was discovered. Complete anuria ensued, and death from uremia on the fourth day. At the autopsy, hydronephrosis of the left kidney, caused by a pipestem calculus of the ureter, was discovered.

Case 7.—A man 59 years old was admitted to the hospital for a chronic cystitis of fifteen years' standing, caused by prostatic enlargement. Perineal incision was made for temporary relief. Three weeks later a portion of the obstructing prostate was removed through the perineal wound by the galvanocautery. Complete recovery; the patient, who had for two years been practically unable to urinate except through a catheter, now passed water freely without assistance; the cystitis subsided. Nine months afterwards, acute uremia and death. At the autopsy, small cirrhotic kidneys were found. This is believed to be the first case recorded in which a considerable portion of the hypertrophied prostate has been deliberately and intentionally removed.

On concluding his paper, Dr. Belfield

spoke of a case which came into the hospital in a state of extreme exhaustion, evidencing violent cystitis. Urine containing pus was passed every fifteen minutes with extreme pain. It was impossible to get an instrument into the bladder more than half an inch. The man was half unconscious and could give no history, but by rectal examination it was discovered that the prostate was very much enlarged in the left lobe, the right lobe appearing normal in consistency and size. The doctor thought this almost a proof that in a man of this age, 31, the seeds of tuberculous disease were present. The bladder was opened and the finger inserted in the usual way, discovering a malignant growth covering an inch and a half of the left wall of the bladder. After the operation the patient passed half an ounce of urine, but died in three days from uremia. The bladder and kidneys were secured and found to be the seat of extensive hyperinosis, caused by a calculus. Another case was that of an emaciated French Canadian who had had trouble for eighteen years, and had depended entirely for urination upon the catheter for two years. The usual perineal incision was made, and a portion of the prostate removed. The operation was successful and the man was able to go without the catheter, although Dr. Belfield advised its use once a day. In June he had a slight attack of cystitis, due to the fact that he had persisted in ignoring the advice in regard to the use of the catheter. About the 10th of September he was taken with uremic convulsions, and died on the 18th. The last few days the urine became cloudy again. The bladder and kidneys were secured, and a channel found in the prostate large enough to admit the forefinger. Dr Belfield thought it would have been better to have cut down from above in the hope of relieving the prostatic tumor.

Dr. E. Andrews suggested to the members that this subject was more important than has formerly been supposed. The former examinations made in these cases were very imperfect, and though the finger used occasionally to be put in the bladder it was not dreamed that the whole circumference of it could be reached. He thought it should be impressed upon the members of the profession that the bladder can and ought to be explored.

The President thought this procedure for diseases of the bladder so new that it might be called novel, and it seemed singular that at so late a day the bladder should be explored in this way, when surgeons have so long known that the bladder could be opened in many ways without injury to the patient. He thought the profession greatly indebted to Dr. Belfield for his remarks.

Dr W. M. Axford thought an incision in the perineum might facilitate a cure in cases of fistula, which at present are very difficult to cure, but did not know that it had ever been tried. We do know that renal fistulæ are very difficult to cure, probably because the urine is constantly running over them. The procedure is practically harmless and may effect a cure.

Dr. W. T. Belfield said in conclusion that this procedure of inserting a drainage tube through the perineal wound for curing fistula of the urethra is mentioned in Harris' book, and seems to work with entire success. There was one point upon which he congratulated himself, viz., the discovery of cyst of the bladder. So far as he knew, nothing of the kind had been recorded in either the pathological or clinical literature of the bladder. The misery that it can cause is illustrated in the case under discussion, and from its nature it offers every hope of a cure.

Dr. W. L. Axford read a paper on

Notes on Genito-urinary Surgery,

in which he said that he believed gleet is due to a stricture of the urethra, and can be cured by curing the stricture. He believed that dilatation cured a stricture by exciting inflammation at the seat of the stricture, and thus causing the absorption of the exudate. In the treatment of strictures he believed that perineal section is best in strictures which are deep-seated, narrow, or unyielding, or complicated by fistula or urinary infiltration.; internal urethrotomy in all strictures of the meatus or fossa navicularis, for they will not stretch. For other strictures he would advise, as the case demanded, dilatation, divulsion, or internal urethrotomy. If the stricture is resilient, divulsion or internal urethrotomy, preferably the latter. He believed the dull pain in the back, and at times in the head, during the later stages of gonorrhea, to be due to urethral reflexes. Cure the gonorrhea or stricture and these disappear.

He cited cases in which severe cephallagia and skin diseases had been cured by curing strictures by internal urethrotomy. Also, cases in which dysuria and vesical discomfort had been allayed by slitting the meatus. In female urinary troubles, after excluding uterine disease, he had given relief by digital dilatation of the urethra.

Dr. E. Andrews referred to the point whether there is any danger or not in urethrotomy. European statistics show a considerab e

amount of danger in operations for stricture. He did not know the reason for mortality in Europe, for he thought it the general experience in Chicago that men don't die of these operations. Long ago he had left off keeping count of the cases he had operated on, and could not recall an instance in his own practice or that of any one else in this city in which the patient died in consequence of the operation for stricture. As to the question of divulsion, or cutting, he had performed the two operations indiscriminately, sometimes both on the same patient. He thought divulsion and cutting produce precisely the same result. Some strictures will stretch out under the divulsor and go back again, and cutting is better for these cases, but neither appears to be dangerous. He had found divulsors from New York instrument-makers repeatedly breaking down under strong strictures. Otis's instrument he thought exceedingly strong, but even that had failed in one instance. He expressed the belief that divulsion, thoroughly carried out, is as safe as cutting.

Dr. F. E. Waxham referred to a unique case coming under his care of stricture in a child aged four years. He was convinced, however, that stricture is very rare among children. This was the only case that had come under his observation. Otis alludes to two causes—masturbation and gonorrhea. In this case he found no history of gonorrhea, and the mother denied the practice of masturbation. The child was put under the influence of ether; the stricture was so closed that he could only enter the bladder by means of a very fine bougie; this was followed by a larger one, this by a small catheter, and this by a steel sound, and the child was then able to pass the urine without difficulty. Before dilatation the child would undergo the greatest suffering every time he passed water, and scream and strain for several minutes, and often strain so severely as to cause evacuation of the bowels. After the first dilatation the child did nicely for a week and then was as bad as ever; the second dilatation was three weeks ago, and there has been no further trouble.

Dr. A. B. Strong asked if the cure was permanent after cutting unless constantly followed up with the catheter. He wished to know if there is anything better than simple dilatation. Cutting and divulsion are more rapid, but he thought gradual dilatation offered as good and permanent results.

Dr. W. T. Belfield suggested two points in Dr. Axford's paper that required notice, the value and the safety of cutting. He thought it absolutely imperative that we limit our cutting operations strictly to the pendulous urethra. This was not merely a theoretical and anatomical consideration, but a practical one. He thought Dr. Axford in speaking of the three methods, stretching, divulsion and cutting, omitted one of the most importance, viz., the use of a constant electric current. Although this had not received a great deal of attention from the profession he thought anybody who tried it would never give it up. It is said to produce the most permanent results, and is convenient and easy. He had tried it in his own practice, once in the hospital where he had the privilege of cutting, but tried the battery out of curiosity and found it worked nicely, and again in private practice where it was extremely important to the patient that no perineal section should be doue. As to stretching the female urethra with the fingers, he thought it dangerous. When house surgeon in the County Hospital he had seen a woman die of peritonitis when that was done. He thought the best instrument for this purpose to be Stein's dilator, which has a continuous dilatation.

Dr. W. L. Axford said, in conclusion, that dilatation always has to be followed out by the occasional passage of the sound for an indefinite period of time; all the patient's life. If the stricture is divided clear through Dr. Otis claims that a perfect cure will be made and no after treatment will be necessary. Dr. Axford thought that Dr. Otis, although an extremist on this subject, is about right. As to cutting in the membranous urethra, he did not think anyone would do that. He had never had experience with the galvanic current, had heard it recommended and also discountenanced. In dilatation of the female urethra he had always used his fingers and succeeded first rate. Would always prefer to use his own hand, as no instrument equals the human hand.

Dr. H. T. Byford read a paper on the

PRODUCTION AND PREVENTION OF LACERATION OF THE PERINEUM,

with description of an unrecognized form. Illustrated. For the purpose of illustration the perineum was divided into two parts, the vulval or external, and the vaginal or internal. The former lies external to the muscles and the latter includes all the rest. When the perineum is slightly stretched by the head two rings may be felt by hooking the finger over the fourchette; an external ring marking the edge of the vulva, and an internal ring marking the edge of the muscles and fascia about the vaginal orifice. Upon the positions and relations of these rings depend

the safety of the perineum. When the occiput engages in them before the forehead passes the coccyx, the fourchette and muscular edge are pressed downwards and the perineum but little bulged and not at all endangered. When the occiput does not engage in the rings before the forehead leaves the coccyx, the fourchette is pushed upward before it, the perineum stretched from three to four inches antero-posteriorly, while part of the propelling force and nearly all of the directing force are lost before the head passes the rings and is born. The head in such cases has a greater distance to travel before delivery, involving loss of time and strength.

The author described an obscure but not infrequent form of rupture in which separate muscular fibres and portions of the fascia give way all through the perineum, or through a region of it, without involving skin or mucous membrane. Frequently there were not enough unruptured fibres left of the tissues to insure contraction and involution, and thus prevent displacements of the uterus. A persistent flabbiness is the chief diagnostic sign. To prevent rupture Dr. Byford advised: 1. To gain time for dilatation without injury to the deeper tissues by favoring a slow advance of the head over the floor of the pelvis. 2. In order to secure sufficient dilatation of the vulval and vaginal rings to make the occiput ride over them instead of hooking under them by keeping the membranous pouch intact, or in its absence early resort to artificial dilatation rather than wait for the fourchette to be thus hooked up over a bulging perineneum, and then resort to the ordinary methods.

Dr. G. H. Randall thought that by directing the head many perineums might be prevented from rupturing. We sometimes fail to direct the head and manipulate the perineum as each case requires,because the woman is not in the proper position. Formerly he had delivered most of his cases in the dorsal position, but not being satisfied with the way he was able to manipulate the perineum and head, he had tried the lateral position, and it seemed a great improvement. He could now support the perineum by directing the head with a great deal more ease and effect than ever before, and it seemed to him that the lateral position is preferable to the dorsal.

Owing to the lateness of the hour, Dr. R. G. Bogue deferred reading his paper on "A Case of Oophorectomy and of Nephrectomy," but exhibited specimens, and said: "The specimen that I have here is that of a remarkable cystic ovary in which both ovaries, with a large portion of the Fallopian tubes, were removed. I have but one to present, though the whole surface of the ovary or ovaries, was studded with small cystic tumors. The case was one of long standing invalidism, and attended with a great deal of suffering. Finally the question of removal of the ovaries came up, and it was decided to remove them. They were removed and the patient recovered. The other specimen that I have is a wax model of a calculus which was found in the pelvis of the kidney during an operation for removal of fibro-nephroid kidney. On opening the loin, making the posterior operation and cutting to the kidney, it was found to be immensely distended and filled with pus, and in the pelvis of the kidney was quite a large calculus. The calculus was claimed by the family and given them, a wax cast of it being retained. The patient from whom this was removed did not recover."

Exhibition of pathological specimens from Battey's operation, and specimens of ovarian tumor with twisted pedicle, by Dr. C. T. Parkes, who said:

"The specimens which I have to present to you on this plate are two ovaries and forty gall stones. The two ovaries were removed from a lady who had suffered for over ten years with a great deal of trouble in the pelvis. They are noticeable in that the left one is very small and the right one very large. In this box are forty-three gall-stones which I removed from a gall-bladder yesterday. In reference to the oophorectomy, I desire to call attention to the knot used in securing the pedicle and which has been rendered famous by Mr. Tait; he calls it the Staffordshire knot. Its use got me into trouble. It does not secure the pedicle by merely tying the knot. It must be drawn sufficiently tight to cut off circulation in the pedicle before the final knot is secured, otherwise the pedicle is very feebly constricted. I used it in this case in securing the left ovary, and passed on to the removal of the right ovary, during which operation I noticed that a good deal of bleeding was going on. Having removed the right ovary, I then looked for the point of hemorrhage and found a spurting artery in the unsecured left pedicle. I was astonished, because I thought I had tied the knot very tightly. It is necessary that the constriction should be made by the string, and the circulation must be entirely cut off before any attempt at tying is made. The other specimen is a large tumor, the weight of which was estimated at twenty-three pounds. Eight days before the operation, the patient having been in a previous condition of apparent good

health, was suddenly taken sick, temperature 102°, pulse very fast and feeble, abdomen tender from peritonitis, urine suppressed. I diagnosed a twisted pedicle, and advised immediate operation. The operation was done as soon as possible, and although she was in a very feeble condition at the time, the operation apparently made very little impression upon her. As soon as the abdominal incision was made, a black tumor presented, and instead of the cyst portion being uppermost, as is almost invariably found, the solid portion was in front. When the trocar was pulled out there was scarcely any hemorrhage from the opening made by it; usually there is considerable hemorrhage, especially when introduced into a solid tumor. When it was removed from the abdomen there was found to be a turn and a half in the pedicle. The temperature fell after the operation and did not again come up to one hundred. On the seventh day all the stitches were removed and the patient is practically well to-day. These tumors sometimes have pedicles twisted completely off, so that they are in a sloughing condition; in other cases the twisting goes on so slowly that the pedicle is finally destroyed entirely. Spencer Wells says that he has found tumors with no pedicles. The three points that seem to me to indicate this diagnosis are the rapid occurrence of distention, the commencement of peritonitis, and the suppression of urine."

The President said in answer to a question, that because a patient has symptoms of gall stones and the evidences are pretty positive of their presence, no one must imagine that thereby he is going to have an easy time of the operation. The case from which these gall stones were removed was a very difficult one for operation. The patient was a woman of considerable adipose tissue on the surface of the body, and it was difficult to expose the gall-bladder at all. The liver, instead of being distended and projected below the ribs, was contracted and high above them. It was difficult to find the gall-bladder at first, and it was found to be about the size of a finger, elongated and lying in its natural position and adherent to the liver. The fundus was contracted and hardened or thickened so that the finger had to be passed well down along its surface before any evidence of the stones could be found at all; it was separated from its attachments to the under surface of the liver, and then by carrying a thread through its fundus it was lifted to the top part of the incision and the finger introduced into the cavity of the gall-bladder and the stones removed. Of these stones the largest was found in the gall-duct. It was forced from the gall-duct into the gall-bladder.

Dr. H. P. Merriman asked the president if any cause was known for the twisting of the pedicle in ovarian tumor.

The President said that he made very close inquiry on that point; the night previous to the occurrence of the trouble the patient felt something move in the abdomen from the left to the right side. She was lying in bed at the time. In reply to Dr, Strong the president said he did not think that rupture of the cyst would not be followed by an increase in the size of the abdomen, nor by any change in the function of the kidney.

Dr. Franklin Coleman read a paper on

A Report of Three Cases of Ossification of the Choroid, and the Report of One Case of Ossification of the Lens, with Specimens.

In cases one, two, three and four the eye had been lost five, twelve, fourteen and thirty-four years respectively before medical advice was sought on account of sympathetic trouble in the follow eye. In cases one, two and four the lost eye had occasionally been painful. In cases one, two, three and four sympathetic disease did not occur after the loss of the eye until five, twelve, eleven and eighteen years respectively. The sympathetic disease excited in case one was serous kerato-iritis; case two, cyclitis; case three, irido-cyclitis and cataract; case four, optic neuritis and mild iritis. Dr. Coleman advised the immediate enucleation of a bony eye on the same ground that the enucleation of an eye lost from injury in the ciliary region would be advised. Neither the ossification nor the injury is in itself the immediate cause of the sympathetic disease, but either may be the indirect cause by exciting an irido-cyclitis.

Dr. R. Tilley said the term ossification of the lens might lead to a misunderstanding, that there is actually ever an ossification of the lens. Becker, of Heidelberg, claims that ossification of the lens can not and does not take place, and that there is no case of it on record. He says that in the case of a ruptured capsule a membrane may be developed from the ciliary region, and from the developing blood-vessels an ossification may take place in the region of the lens, but that it should not be called an ossification of the lens. He gives an interesting case showing how readily a mistake may be made and ossification supposed: A boy was struck in the eye with a hay fork, and came under his care about ten hours after the accident. Forty-three hours after the accident the eye was enucleated, and

he thought from a macroscopic examination that the lens was intact, but on microscopic examination, what he supposed to be the lens was found to be an extravasation of blood and the lens had escaped. He remarked that it is easy to see that an ossification might have occurred, under these circumstances, and the same been taken for the lens.

Dr. Coleman said, in conclusion, that he was well aware that literally and truly the lens fibres do not become ossified, but wherever connective tissue exists ossification may occur, and connective tissue may occupy the site of the lens. Dr. Voorhies cites a case in his own practice of an ossific mass occupying the normal position of the lens which an expert microscopist, upon examination, pronounced ossification of the lens. Dr. Knapp does not say he denies the possibility of such ossification.

CORRESPONDENCE.

NEW YORK LETTER.

New York, March 1, 1886.

Editor Review: The plans of the new home of the College of Physicians and Surgeons have recently been filed with the Building Bureau. The estimated cost of the new structure is two hundred and fifty thousand dollars. The front will be composed of terra-cotta and brick without much attempt at decoration,and will extend one-hundred and forty feet, while the entire depth of the building will be one-hundred and eighty-two feet, the central portion being narrower than either end. The height will be four stories. There will be abundant provision made for all needed laboratory facilities, class rooms,amphitheatre,etc. It is also probable that with the occupancy of the new building the educational requirements of the college will be raised. An entrance examination will be esiablished, to be waived, of course, in case of all who hold a literary or scientific degree, or who can present evidence of previous sufficient study. Work will also soon commence on the new Sloane Maternity, concerning which I have previously written.

At a recent meeting of the Surgical Society, Dr. Wm. T. Bull read a paper on "The Radical Cure of Hydrocele." He spoke of his recent performance of Bergmann's operation (a modification of Volkmann's) in which the parietal layer of the tunica vaginalis is removed, so that adhesion finally results between the visceral layer and the scrotum. The various methods of treatment were discussed by the members of the society and the weight of opinion was in favor of the old plan of iodine injections.

At the last meeting of the Pathological Society a specimen of cardiac valvular disease was presented by Dr. Freeborn, and one of carcinoma hepatis with biliary calculi, by Dr. Newcomb. Dr. J. C. Peters read an obituary of Dr. Alfred C. Post, who was president of the society in 1862. It was an exceedingly interesting résumé of the early history of the society, and Dr. Post's connection with its work.

The past fortnight has been exceedingly prolific of valuable papers read before the various societies and sections of the academy. Dr. H. D. Chapin read a paper before the academy on Rheumatism in Early Life. He thought the disease had a great tendency to attack the mucous as well as serous surfaces in children, especially the throat. He regarded it imperative in treating children to inquire carefully into the family history, and by an essentially tonic treatment to place them in as favorable condition as possible.

Dr. Geo. L. Peabody has recently presented to the academy a paper on the Size of the Heart in Chronic Diffuse Nephritis. He presented a record of 300 cases; 135 had cardiac hypertrophy, seventy-nine without it, twenty-one with cardiac dilatation without hypertrophy. He regarded the hypertrophy as accounted for by the chemical theory of Dr. Bright, or the doctrine of arterio-capillary fibrosis, which latter, it seemed to him, was rapidly gaining ground. He thought it a less common complication of nephritis here in New York than in Europe. Dr. Delafield agreed in regard to the latter point and the figures from his own experience accorded with those of Dr. Peabody. The morbid condition of the arteries was a two-fold one; first, that condition of structural disease of the arteries which we may call as we will, chronic endarteritis or arterio-capillary fibrosis, and secondly, the contraction of the walls of the smaller arteries. Dr. Carpenter spoke of the fact that amyloid kidney does not present cardiac hypertrophy. The chairman, Dr. Loomis, regarded the true solution of the question to lie in the character of the pulse rather than by post mortem results.

At the last meeting of the County Medical Society Dr. J. C. Peters read a paper on The Present and Future Water Supply of New York. The Croton water is essentially the purest in the world, but Dr. Peters showed that stringent legislation was necessary to prevent contamination of the Croton water shed. Dr. J. A. Andrews read a paper on Contagious Eye Diseases. The society has endorsed the bill presented by the Academy to the State Legislature concerning the examination of the eyes of all children admitted

to institutions, and there is every prospect of its passage.

Cases of typhus and small-pox appear from time to time, but they are promptly isolated by the health authorities. Experience has shown that after every outbreak of the latter disease in Canada, it remains endemic in New York for about two years.

THE AXIS TRACTION FORCEPS.

BALTIMORE, Feb. 22, 1886.

Editor Review: In connection with the above subject persistent and repeated attacks have of late been made against me by Prof. W. W. Jaggard, of Chicago.

These attacks have been severally answered by me in the Jour. Am. Med. Asso'n., Sept. 26, Oct. 17, Oct. 31, 1885; and in the Therapeutic Gazette, Feb. 15, 1886.

I regret that the reiteration of these attacks by Prof. Jaggard before the Gynecological Society, of Chicago, assembled Dec. 18, 1885, recently published in the transactions of this meeting, force me to resume a subject which must be of little scientific interest to the general medical reader.

I am well assured that those of the profession who know me, have not had their good opinion of me in the least shaken by these attacks, that to the most casual and disinterested reader must seem to have some more subtle motive than truth and science.

Actuated by a purely honest and scientific motive, I placed before the profession "An Obstetric Forceps" (Obst. Journ., Sept., 1885) which was identical with an instrument previously designed by Dr. Felsenreich, of Vienna, in one particular, namely, that the traction rods were attached to the blades of the forceps by means of a button-hole joint, for which I have always given Dr. Felsenreich full credit in every verbal and written communication. In this point the instruments are identical and in this alone, as may be seen by consulting the diagrams (Obst. Jour., Sept., 1885, and Jour. Am. Med. Asso'n., Feb. 6, 1886) or by reading the descriptions published in the journals above referred to, or by examining the instruments which will soon be on exhibition at Mr. Chas. Willms', of Baltimore. * Now, as to whether "the difference between the modifications of Felsenreich and Neale are not great and certainly not essential,"(Ass. Journ., Feb. 6, 1886) is a matter not at issue and consequently one that I shall not here discuss. But I must repeat that the statement made by Prof. Jaggard, that my "allusion to Dr. Felsenreich's suggestion of the button-hole joint is, to put the case very mildly, disingenuous" (Trans. Gyneco. Soc'y., Chicago, Dec. 18, 1885) is "not only palpably but unqualifiedly and wilfully false!"(Therapeutic Gazette, Feb. 15, 1886.)

The above closes what I have to say upon this subject, for I positively decline to answer any further communications from Prof. Jaggard.

Respectfully,
L. E. NEALE, M. D.

* I will mention that Dr. F. says his "forceps consists of the common forceps of J. Y. Simpson" (Ass'n Journal, Feb. 6, 1886) while I adhere to the Alexander Simpson model as already published (Asso'n Journal, Oct. 31, 1885 fe).

LINDALE, TEXAS, February, 1886.

Editor Review: Please confer a favor by answering the following questions through the REVIEW:

1st. What is antipyrine?

2d. What are its physiological and therapeutical effects?

3rd. What is the best mode of administration?

Respectfully,
ENQUIRER.

[In reply to our correspondent, we will state that previous numbers of the REVIEW have fully contained all that is known respecting the chemical nature, the physiological and therapeutic effects and dosage of antipyrine. We can, however, briefly state that:

1. Antipyrine is, chemically speaking, dimethyloxychinicin. Chinoline, a substance derived from quinine, is the base of the complex agent.

2. Antipyrine is an antipyretic of rare effectiveness and a hemostatic. In poisonous doses the drug produces clonic and tetanic convulsions and causes cardiac paralysis.

As a therapeutic agent it has been pronounced of an almost elective action in diseases of the lungs, and particularly in the fever of tuberculosis. In acute articular rheumatism it is said to exercise a specific influence. The main features, however, lie in the antipyretic influence. No specific action has been well established. In malaria the drug is inert. Hyperpyrexia and continuity of fever are the two chief indications for administration.

3. As regards dosage and administration, it may be said that hypodermic exhibition in a fifty per cent solution is recommended; also rectal administration per enema or suppository. But ingestion per os deserves preference. The drug is easily soluble in water, any corrigens suffices to disguise the taste. Small doses of five to ten grains, repeated at hourly intervals, are prefera-

ble in phthisis. In acute fevers, fifteen to forty-five grains are the dose. Guttmann advises that in such cases thirty grains be given an adult as an initial dose; this is to be repeated after an hour, unless the fever has gone down considerably; then fifteen grains suffice as a second dose.

The thermometer should guide the amount and time of repetition.—EDITOR.]

ASPHYXIA IN THE NEW-BORN.

KANSAS CITY, MO., Feb. 20, 1886.

Editor Review:—Among the different methods detailed in your last number, Feb. 6, for the restoration of asphyxiated new-born children, I did not see a method described which I have practiced in six or seven instances with perfect satisfaction. I have, in some measure, followed many of the directions laid down by our best authors, but have adopted a means of my own when I was in doubt as to the outcome of the former methods. My practice is simply this: As soon as the child is born and I find it is asphyxiated, I take a towel or napkin, and dry the child's mouth, nose and face; seize the nose with the thumb and forefinger of the left hand, and placing my mouth immediately over the mouth of the child, I blow its lungs full of air. Then relaxing my hold on its nose, I grasp the chest with both hands, and compress its lungs, forcing all the air out. This method I keep up for several minutes with rapid succession, when I have had the satisfaction of seeing the child make a gasp for air. I continue after the child makes an effort for a minute or so, then await the results of its own efforts, and in nearly every case you will be rewarded for the trouble.

The child's lungs should be well inflated, and compression applied rapidly and with sufficient force to expel all or nearly all the air. I claim no originality in this method, but have often thought it a little strange that no such method has been suggested among our numerous correspondents.

Respectfully,
J. W. FOSTER, M. D.

BOOKS AND PAMPHLETS RECEIVED.

CLINICAL THERAPEUTICS,—By Prof. Dujardin-Beaumetz.—Translated by E. P. Hurd, M. D., Detroit. Geo. S. Davis, 1885.

THE VEST POCKET ANATOMIST.—C. Henri Leonard.—12th edition.—Detroit.—The Illustrated Med. Jour. Co.

A MANUAL OF BANDAGING.—C. Henri Leonard.—2nd edition.—Detroit.—Illustrated Med. Jour. Co.

ITEMS.

—Mr. C. F. Cox has published, in the "Journal" of the New York Microscopical Society, a most interesting paper on "The So-called Prodigies of Earlier Ages." He believes that the stories of wonderful phenomena and portents with which the old books abound have a certain interest and value to the student and philosopher of to-day, "because they furnish land-marks in the progress of observation, and give us clews to that credulous state of the human mind which seems to have necessarily preceded the foundation of inductive reasoning." The mere historian of scientific discovery will also find in them what he must believe to be truthful statements of facts, mingled with distorted and erroneous interpretations and many unintentional misstatements of what they thought to be facts; and he may employ himself with some profit in separating the true from the false. Mr. Cox cites a variety of books, particularly from Wolffhart's illustrated "Chronicle," a large list of wonderful appearances, which he divides into thirteen classes, for each of which he finds a particular way of accounting with an approach to satisfactoriness. Thus, the sweating and weeping of images, altars, etc., may be regarded as exaggerated cases of the condensation of vapor upon them. The bleeding of stones, shields, etc., was most probably the growth of the red lichen upon them, though it may in some cases have been rust. Showers of earth, chalk, ashes, etc., hardly need accounting for; and rains of brimstone may have been clouds of pollen, spores, or other yellow vegetable products. Showers of oil were probably not showers at all, but marks of supposed showers in the shape of greasy spots on the earth or stones or plants, or iridescent films on water; the appearance is sometimes produced by the growth of gelatinous protophytes, like the nostocs. The flowing of oil in brooks is also accounted for, as it would always be now, as a case of iridescence. Stories of showers of milk may have originated in the appearance of white spots, generally caused by growths of fungus, on leaves. The flowing of milk from the earth, in streams, etc., might be in most cases the superstitious interpretation of so simple a fact as the mixture of calcareous earth with ordinary running water; or, under favorable conditions, some of the lower forms of life might multiply so enormously as to give a milky hue to considerable bodies of water, as they do constantly under our own observation in a smaller way. The spotting of bread, grain, leaves, stones, etc., with blood, is a phenomenon easily accounted for by a very slight knowledge of the various forms and habits of the red and orange-yellow fungi. The

flowing of blood in the ocean, rivers, springs, etc., is to be accounted for in some instances by the presence, in unusual quantities, of red algæ. "Showers of blood" may be referred to similar algæ; or deposits referable to such showers may be produced, as was known to be the case at Aix-la-Chapelle in July, 1608, by butterfly-chrysalides undergoing transformatioh, when large drops of a blood-colored liquid exude from them. Red snow is known to be a protococcus. "Showers of flesh"—one occurred in Kentucky in 1875, and was so accounted for—may occur when buzzards, having gorged themselves with carrion, disgorge it as they fly in the air. "Thus easily"—in the Kentucky case it was the flesh of a horse, and the buzzards were seen—"was a modern prodigy disposed of; and quite as rationally we now see, might we dispose of all ancient prodigies which were not mendacious fabrications, if only we could catechise witnesses and apply scientific methods to the examination of such facts as were found to remain."—Popular Science Monthly.

—Many Drugs: Few Remedies.—In an address on "Many Drugs, Few Remedies," Dr. George K. Welch, of Keyport, New Jersey, draws a highly colored picture of the helplessness of the average medical practice in the face of disease. The schools increase and the graduates swarm, "but how many great physicians can you name, and which are the diseases borne under the annual spring-flood of doctors; and yet, where is the young doctor who does not believe in the magic of drugs, and the old doctor, if he be a wise man, who does not look upon the most of them as mischievous, and the minority as deserving of restriction? The pathologist is skeptical of them all. With laborious zeal we study diseases. . . . We anatomize and compare, and the professor awes with learned length while he discourses of the ills he cannot cure. . . . Do we, waiting behind the eye of Koch, know anything of tuberculosis, or believe that he does? Does not the ravage go on? And who has won eminence in curing yellow fever? Are men no longer in dread of cholera? And the exanthemata—does not the grewsome pendulum of disease sweep into and out of every neighborhood about once in five years? Who cures rheumatism, or typhoid fever, or chronic Bright's disease? And where is the stout heart that never failed before a patient burning and broiling in the horrible slow flame of pyemia? And yet, who refrains from prescribing? The witches move one way about the caldron, and we go the other; they throw in the drugs that brew the poisons, and we throw in the counter-poisons. Stillé and Maisch's 'Dispensatory' has a list of one hundred and fifty remedies for rheumatism, a disease which is as likely to become chronic with treatment as without it. Everybody has a specific, from your grand-aunt with teas, fomentations, and flannel, to the last German doctor with forty grains of salicylic acid to the dose. . . . The trouble is, medical thought moves too much toward specifics." Improvement must come, partly by enforcing the responsibility of every physician to all, or by the establishment of a college of experimental medicine, with a system of registration for correcting errors of observation; or, in other words, by adopting for the study of disease the methods of the experimental physiologists.—Popular Science Monthly.

—Railroad and Steamboat Fares to the American Medical Association Meeting at St. Louis.—The St. Louis Association of General Passenger and Ticket Agents, representing the railroads terminating at St. Louis, have announced that the tickets to the American Medical Association Meeting on May 4th, will be sold at the rate of and one one-third full fare for the round trip. The roads represented in this association are Chicago, Burlington and Quincy; Diamond Joe Line; Indianapolis and St. Louis; Louisville, Evansville and St. Louis; Louisville and Nashville; Missouri Pacific; Ohio and Mississippi; St. Louis and Cario Short Line; St. Louis and San Francisco; St. Louis, Keokuk and Northwestern; St. Louis, Iron Mountain and Southern; St. Louis and St. Paul Packet; Vandalia Line; Wabash, St. Louis and Pacific.

The other railroads of the country have not as yet taken official action in the matter, but we are assured of the same rate being quoted by the majority.

—At a recent banquet Sir Spencer Wells told a story from his personal experience as a young man, which has in it a lesson for the older men of to-day. He had been called in the absence of Dr. Braithwaite, the family physician, to see a girl whom he found lying, insensible, on the bed. Not knowing what to do he gave some brandy-and-water. Dr. Braithwaite then arrived, and after examining the case ordered two teaspoonfuls more of the mixture, but as soon as he was alone with Wells, said: "It was very wrong to give her brandy-and-water. It is the first stage of some eruptive fever. But a teaspoonful won't make any difference, and it will show that I did not differ from you. If I had," he added with a kind smile, "perhaps they would not believe either of us." There was something in this way of treating a junior—so much good feeling, mixed with so much knoweledge of human nature—which so impressed the future Sir Spencer as to influence him in his consultations with his juniors.—Medical Age.

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PTOMAINES AND LEUCOMAINES.

In discussing these bodies and the discussion they have lately elicited in the Academy of Medicine of Paris, Lyon Médical reminds us that it was in 1870 that M. Armand Gauthier first announced that the putrefaction of proteid substances gives rise to certain alkaloidal products. About the same time Selmi, of Bologna, communicated to the Academy of Sciences of that city a memoir that set forth that the stomach of persons, who died a natural death contained, after a period of time, substances that behaved toward particular reagents in a manner identical with vegetable alkaloids. He also showed that the same substances are present in the alcohol that has been employed in the conservation of anatomical and pathological specimens. To these substances the name ptomaines was applied, derived from a πῶμχτ, a carcass.

Since the time mentioned numerous investigations have established the nature, the diversity and physiological actions of these alkaloids, that, in the main, are of poisonous properties. Gauthier and Itard, Gareschi and Mosso, and G. Pouchet are notable for their work in defining the composition of the majority of these crystalline bodies.

Recent researches conducted by Brouardel and Boutmy, and Brieger show, that at different stages of the putrefactive process different bases of this character are developed, and that the same species of bacteria may furnish products of a highly different character corresponding to differences of soil. For instance, the bacteria of putrefaction in their multiplication upon the flesh of mammals are attended by the development of an alkaloid far different from that developed upon the flesh of fish.

It was in 1881 that M. Gauthier stated that he had discovered that there were present constantly in the normal excretions of healthy, as well as sick, beings, substances that closely resemble the ptomaines. Such substances are the alkaloids discovered by Liebrecht and G. Pouchet in the urine. Such peculiar bodies were also found normally present in the saliva, etc. In order to distinguish them by a name from the cadaveric alkaloids, the term leucomianes was chosen for them.

Gauthier also demonstrated the presence, even in a state of health, of certain nitrogenous extractive substances, non-crystalline and non-alkaloidal, in the secretions. These he finds to possess a high degree of toxicity, much higher than either the ptomaines and leucomaines. The virulence of snake-bite, for instance, he found to be due to the presence of such substances.

Of late M. Gauthier has reported on his studies of the manner of formation of all these bodies.

Up to the present time it had been admitted that these animal alkaloids, physiological and pathological, arose as a consequence of fermentative action. The leucomaines, taking them as an example, were supposed to arise in septic maladies by the specific action of pathogenic microbes, and in health by the intestinal processes of fermentation that accompany digestion. Gauthier has a different conception of their origin. Starting from the premise, which is well established, that every being in a state of health excretes more oxygen than is assimilated, Gauthier entertains the belief that this excess is produced by the auto-combustion of aliments aud tissues, leading to the production of the

ordinary products of disintegration, i. e., carbon dioxide, water, urea, etc., without any access of oxygen from outside the organism. In the tissues themselves, independent of the outer world, disintegrations take place, and we may assume that the tissues, at least in part, are possessed of vital qualities akin to those observed in fermentative processes.

Gauthier goes on to state, that if the intitimate life of the animal cells grouped in a certain tissue and living without oxygen derived from outside, show a similarity in the phenomena of assimilation and disintegration to the processes of bacterial fermentation, then we may look in the excreta so produced for the identical substances that characterize the products of putrefactive fermentation. And, he says, we actually find in the normal secretions the identical substances peculiar to true putrefaction, to-wit, carbon dioxide and ammonia, in part free, in part as compounds, phenol, indol, scatol, acetic and lactic and butyric acid, etc. The identity is almost complete, and it is therefore no matter of surprise that the normal excretions of the kidneys, of glandular apparatus, and the blood itself, should contain these toxic alkaloids and extractives.

An application of this theory of M. Gauthier has been already made to pathology by Prof. Peter, of Paris, who brings it on as an argument against the parasitical theory of disease. An auto infection, a spontaneous infection of the organism from and within itself, is assumed by Peter as the cause of all disease. While this may be the case and hold perfectly good in some maladies, still the parasitical theory and the theory of M. Gauthier, as applied by Peter, do not exclude each other. M. Gauthier's researches certainly open up a new vista for pathological research.

The Indications for Colotomy.

In the American Journal of the Medical Sciences Dr. Charles B. Kelsey, of New York, has published an article on "The Limitations of Colotomy in Disease of the Rectum."

The author makes reference to the favorable statistics published by Bryant in his Harveian Lectures on the Mode of Death from Acute and Chronic Intestinal Obstruction, and takes issue with the general rule laid down by Bryant, which reads as follows:

"In all cases of cancerous stricture of the rectum or colon, including the annular—which are not amenable to lumbar colectomy or anal excision—right or left lumbar colotomy is strongly to be advocated, with the well-grounded hope of relieving suffering, retarding the progress of the disease, and prolonging life even for five or six years. To secure these advantages it is necessary for the operation to be performed before the pernicious effects of obstruction occur."

Dr. Kelsey says the rule is too broad to be a good guide in practice. He states that colotomy is a grave operation and should be undertaken only if it holds out a fair prospect of prolonging life and relieving pain to a degree sufficient to counterbalance the danger of immediate death or the subsequent discomfort it involves.

These two factors should be well weighed in deciding an individual case.

Eleven cases are reported in detail and are carefully analyzed. The result of Dr. Kelsey's work is embodied by him in the following indications for the performance of the operation:

1. In congenital malformations of rectum or anus in children in which a tentative operation in the perineum has failed to reach the rectal pouch.
2. In intestino-vesical fistulæ.
3. In tumors occluding the rectum which cannot be relieved by any other means—dilatation, division, hot water, or electrolysis.
4. In non-cancerous, simple or specific stricture and ulceration of the rectum (with or without fistulæ), where the disease cannot be relieved by proctotomy, or dilatation, or division of the fistula and local treatment of the ulceration.
5. In cancer where the disease can neither be removed nor the passage re-established, and where death is probable from obstruction —except in cases where the immediate dan-

gers of the operation more than counter-balance any good likely to be gained by it.

6. In volvulus or intussusception of the colon or sigmoid flexure, where reduction by the aid of laparotomy has been found impossible.

Sterility in Women.

J. Elliot contributes to the London Medical Record the analysis of a contribution on this subject by Prof. E. H. Kisch, of Prague, published in the Deutsche Medicinische Wochenschrift.

Three theories are advanced in explanation of sterility and are formulated as follows:

1. The Mechanical Obstruction Theory.—This, it is said, has been credited with too general an applicability and does not apply to the majority of cases.

2. The Antagonistic Theory.—This assumes that disease of the female sexual organs causes sterility by rendering the uterus incapable of developing the ovum.

3. Dr. J. Matthews Duncan's Theory.—This is, that sterility is to be explained by a "failure of reproductive energy."

The second theory is an important factor in the causation of sterility, but not the sole one. The last theory stated is not more generally applicable than the first.

The reporter continues:

Sterility is rather one of the most complicated functional disturbances in woman. There is a combination of a series of etiological factors that contribute to sterility, and Dr. Kisch proposes to sketch that sterility, which has its origin in the incapacity to form a germ (Unfaehigkeit der Keimbildung). This can be absolute and irremediable, from the entire absence or organic alteration of the ovaries; but he takes into consideration only relative and temporal incapacity. Germinal formation in the ovarium may be injuriously affected by pathological conditions in itself or its environment, by disturbances of innervation and constitutional anomalies. Imperfect development of the ovaries in young girls causes sterility, which will last till the organs gain strength. Statistics bear him out in this view. He gives the following statistics of 556 child-bearing women:

	The first birth takes place				
	as long as ten months after marriage.	between ten and fifteen months after marriage.	between fifteen mos. and two years after marriage.	between two years and three years after marriage.	in more than three years after marriage.
In 163 women, married when between 15 and 19.....	36	53	46	18	10
In 313 women, married when between 20 and 25.....	98	113	56	32	14
In 70 women, married when between 26 and 32.....	18	30	12	9	1
In 10 women, married when past 33.....	4	3	1	1	1

From these statistics he calculates the percentages, and finds them of course in favor of his views.

Another source of hindrance to germination lies in various pathological conditions of the ovaries, chronic oophoritis being particularly instanced as an occasional hindrance to the formation of ovules. Both oophoritis and peri-oophoritis can lead to chronic sterility through the stages of parenchymatous inflammation, absorption of the follicles and their consequent collapse, contraction of the ovary, similar to what he has described as characteristic of the grand climacteric.

Peri-oophoritis sometimes causes various ribbon-shaped adhesions which compress the ovary, induce atrophy, and hinder germination. Syphilitic disease of the ovaries also causes chronic inflammation leading to shrivelling up, formation of various adhesions, and sterility; but it is an open question whether in most cases sterility is the cause or the result. It is difficult to demonstrate how anomalous conditions of the blood, general nervous disturbances, febrile processes, constitutional anomalies, or toxic mischief, injuriously affect germination, but the fact that they do so is established; and he instances typhoid fever, chronic intermittent fever, nutritive

disturbances (such as scrofula and obesity), opium-eating, and excessive use of alcohol.

Excessive formation of fat is injurious to germination, both in plants and in animals. Dr. Kisch long since pointed to amenorrhea as occurring in corpulent women, and to the high percentage of sterility in such cases. By reducing corpulence, sterility has often been removed without any local treatment. Scrofula very frequently and most injuriously affects germination. Cicatrized scrofulous glands may sometimes give a hint. Chlorosis is also an obstacle to germination, but not so obstinate. He gives an instance of diabetes leading to atrophy of the ovaries. Then he shows that experiments on animals have demonstrated that imprisonment, fatigue, poor food, and unchastity are causes of sterility. Such, too, are undoubtedly disturbances of innervation, most frequently sudden cessation of menstruation after a fright, etc. He knows the case of a woman who had had two children, and in whom the menses were suppressed in consequence of a fright caused by a child being run over, remaining sterile ever since, i. e., for ten years.

Resorcine in Whooping Cough.—Moncorvo (Bull. gen. de thérap. méd.) brushes the throat with resorcine to relieve the paroxysms of whooping cough. In order to carry this out perfectly, he first applies a solution of cocaine, 1:10. The combined practice yields good results. Cocaine alone is not efficient.

Lithotomy.—Dittel, of Vienna, says, respecting lithotomy (Wiener med. Wchnschr.) that the sectio alta is the most perfect cutting method; that the median section is proper for the removal of pieces of catheter or foreign bodies that cannot be grasped by the specially devised instruments, and that litholapaxy by experienced hands is deservedly popular and will remain so.

Lacerated Perineum.—Keller (Arch. f. Gyn.) employs the continuous catgut suture in perineal laceration. The union is commenced in the vagina. Buried sutures are rarely needed. Iodoform-dressing is not so good as one of sublimate cotton. Of forty-two cases forty-one healed by first intention.

Gastric Digestion.—Bikfalve has studied gastric digestion and finds that collagen substances, especially sinews, are better digested than albuminous. The latter principally fall to the share of pancreatic digestion. Of a given quantity of casein 25 per cent were digested in two hours. Of corresponding quantities of boiled egg albumen, 41 per cent, of boiled beef, 58 per cent, of raw beef, 79 per cent, of fibrin, 97 per cent, of raw sinews, 95 per cent were digested.

Intestinal Obstruction.—Vongrodsky, of Irkutsch, reports a case of intestinal obstruction of five days' duration that yielded to effervescent enemata after all other measures had failed. The injections were made at intervals of several hours. After a few injections the patient passed a liquid stool, tympanites and fecal vomiting ceased, and complete recovery followed. The enemata consisted of two injections successively made. The first was made of a solution of three teaspoonfuls of tartaric acid in a glassful of water, and the other consisted of four teaspoonfuls of bicarbonate of soda in the same amount of water.

Iodoform and Nitrate of Silver.—Malthe, of Christiania, according to the London Medical Record, employs a combination of nitrate of silver and iodoform as a caustic and alterative in chronic torpid ulcers and fistulæ. The mode of use is as follows: Iodoform is first sprinkled on the surface to be treated, then nitrate of silver is applied, and thereupon iodoform is again dusted. A brisk effervescence ensues. Nitrous acid, insoluble iodide and chloride of silver, and perhaps, also, nitric acid are said to be the products of the chemical action. The following equation is given: $C H I_3 + 3 (Ag N O_3) = 3 Ag I + H N O_3 + 2 N O_2 + C O_2$.

The cauterization is said to be limited and followed by rapid healing. It is recommended in cases of chancrous ulcer.

REPORTS ON PROGRESS.

GENERAL SURGERY.

BY H. H. MUDD, M. D.

I. ARTERIAL LIGATION AS A PROPHYLACTIC MEASURE AFTER SUDDEN, COMPLETE AND PERMANENT OCCLUSION OF THE CHIEF VEIN AT THE ROOT OF AN EXTREMITY.—L. S. Pilcher.—Annals of Surgery, February, 1886.

II. ON THE ADVANTAGES OF THE PRINCIPLE OF DRY DRESSINGS IN ANTISEPTIC SURGERY.—Kendal Franks, F. R. C. S. I., Dublin.—Annals of Surgery, February, 1886.

III. IMPERFORATE URETHRA — EXCISION OF SUPERIOR MAXILLA—REMOVAL OF AN ENORMOUS HAIRMOLE FROM THE FOREHEAD. —Edmund Andrews.—Jour. Am. Med. Ass'n. Feb. 20, 1886.

IV. ON DRAINAGE OF THE BLADDER WITH SPECIAL REFERENCE TO A POST PROSTATIC OPERATION.—E. H. Howlett, F. R. C. S.—British Med. Jour., Feb. 13, 1886.

V. LAPAROTOMY IN THE TREATMENT OF PENETRATING WOUNDS AND VISCERAL INJURIES OF THE ABDOMEN.—F. S. Dennis.—Medical News, Feb. 27. 1886.

VI. LAPAROTOMY—INTESTINAL OBSTRUCTION.—L. S. Pilcher.—N. Y. Med. Jour. Feb. 20, 1886.

VII. A REMARKABLE CASE.—Richard B. Stewart.—Chicago Medical Times.

I. "This subject depends for its interest and importance on these two questions.

1. When the chief vein of an extremity has been suddenly, completely and permanently occluded at its root, are the collateral venous bloodpaths always sufficiently ample to admit such a flow of blood through them that permanent circulatory and nutritive disturbances will not supervene ?

2. If, in any appreciable proportion of cases, permanent, circulatory and nutritive disturbances are likely to supervene upon such venous occlusion, what prophylactic effect, if any, would be exerted by the diminution of the force and volume of the arterial blood supply of the limb."

"Recapitulation: 1, Serious circulatory and nutritive disturbances are to be apprehended: a, in the upper extremity, when, in addition to the occlusion of the main vein at its root simultaneous occlusion of any considerable number of the lesser and collateral branches, has also taken place; b, in the lower extremity when the occlusion of the main vein at its root is sudden and complete, and has not been preceded by any conditions which might have occasioned a previous dilatation of collateral channels or the development of new ones.

2. The accidents of excessive edema and gangrene, when they occur, are due to the intense and active congestion of the limb, through the arteries, with blood for which there is no adequate outlet.

3. The development of collateral paths is not by the breaking down of valve barriers at the entrance of large collateral trunks, but by the dilatation of a multitude of minute branchlets. To effect this an increased arterial vis a tergo is not required. Any increase in the normal blood pressure is attended with danger of overwhelming and fatally choking up the somewhat slowly enlarging collateral radicles.

4. The diminution of the amount of arterial blood which enters a limb, whose chief venous outlets have become occluded down to an amount not greatly in excess of that which can readily find an outlet from it through paths still remaining, is the first great indication to be fulfilled in the treatment.

5. Whatever method is adopted to restrain the flooding of a limb with arterial blood, it must still permit the entrance of a supply sufficient for the nutrition of the limb. For this reason, in the lower limb, ligation of the common femoral is to be avoided, especially in the light of the disastrous results of such ligation already recorded.

6. Ligation of the axillary artery in the upper extremity, and of the superficial femoral in the lower, are safe expedients, and are to be adopted as prophylactic measures whenever

occlusion of the venous outlets of a limb is so great as to hazard the integrity of the limb by reason of the circulatory stasis produced."

[The question discussed in this article is of exceeding importance and is very ably presented. He makes first an anatomical study of the normal vessels and their capability of developing collateral paths and then examines the clinical history of injuries to the veins and arteries. The conclusions at which he arrives are very well stated, and it seems to me they are founded on anatomical and physiological data and confirmed by clinical experience.

The anatomical experiments show that in different individuals the development of the collateral venous circulation is not always accomplished with the same ease or perfection. This variability will, no doubt, occasionally furnish instances where the necessity for the ligation of the artery of the lower extremity is not present. This exception where the common femoral vein is ligated may be so sure as not to be of much importance, still if it is a possibility in any given case it may be well to consider it. It is a fact which I suspect most surgeons have had occasion to observe that the ligation of an artery of an extremity exercises a most powerful and immediate effect upon any inflammation that may be present in it. Even where all the soft parts were involved in an acute suppurative and destructive inflammation, I have seen it fade away and the tissues quickly regain their tone and at once take on reparative action after ligation of the main artery. This would suggest the propriety in some instances of awaiting the development of the active congestion that follows the ligation of the artery in order to see whether it is sufficient to demand an interference with the arterial current—a procedure that not infrequently leaves a limb with impaired power. The control of inflammation by ligating the afferent vessel is not a new one, but its use as a prophylactic measure in injuries of the veins is not as yet much practiced. The paper deserves careful study and the author credit for its presentation.]

II. In certain cases it is not sufficient merely to leave gaps between the edges of the skin to carry off the discharges, nor even do holes punctured in the skin at the most depending parts effect all we can desire. In such cases we must have recourse to other methods for securing ample drainage. Take for example a case of excision of the knee joint. Here we may expect a large amount of discharge, not only during the first twenty-four hours, but for several days. In such cases I have adopted a method of securing free drainage without the use of drainage tubes, for which we are indebted to Neuber, of Kiel. The method consists in this: The incision to expose the joint is the ordinary transverse incision below the patella. The operation having been completed, before bringing the parts together the extremity of the incision at either side is made bifid, so as to enclose between them a narrow tongue of skin. The base of this tongue is below, the apex above. Each of these tongues is then turned inwards so as to almost touch each other in the middle of the limb, behind the bones. The apices are secured in this position by means of a catgut suture. When the parts have been brought into position and all the suturing finished, we have on each side a channel formed which runs from the deepest part of the wound to the outside. The dry dressings are then applied, and I prefer to have the splints embraced in them. Such a dressing can be left on for weeks."

[This plan for drainage is no doubt efficient, and the minimum of irritation must be here attained. It is an ingenious method and worthy of a trial. The essential of a dry dressing is to have some absorbent that has a great attraction for moisture and will diffuse such moisture as it obtains throughout the entire mass of the dressing, and as it reaches the surface of the padding it evaporates, and when the discharge ceases the once saturated dressing becomes again dry. He suggests wood wool and peat as good material for such dressings and discards the absorbent cotton, except when mixed with the wood wool to which it gives consistency. This

freedom of evaporation implies the necessity for some stable antiseptic, such as corrosive sublimate, and excludes the more volatile ones like carbolic acid. The subject of dry dresings is an important one, but reference is being desired chiefly to the use of the skin parts for drainage tracks. These ends are in part absorbed, although they no doubt retract and shorten materially in their way.]

III. 1. "Patient is only eight hours old. No signs of an opening where meatus should be, but by compressing the glans laterally, so as to throw the surface into wrinkles, there is a slight depression at the proper place for a meatus. As the prepuce is sometimes found adherent to the glans, so we may suppose the walls of the urethra to be in some cases adherent to each other. The fold which marks the site of the obliterated meatus yields without any bleeding to moderate pressure of a probe. A metallic sound, No. 2, English, is pressed into the meatus. There is considerable resistance, but the instrument gradually advances and no blood flows. At the depth of an inch and a quarter the tip of the sound enters a normal urethral canal and then glides on without resistance into the bladder."

The author had operated on a similar case a few weeks before; no meatus was found, moderate use of the sound made no headway. He cut down upon the urethra in the middle of the perineum, giving temporary relief to the urine. "After a time owing to contraction of the wound in healing the flow of urine was impeded, and some force was required for its expulsion. One day to the surprise of all parties, the urine burst suddenly forth by the natural route. There had been merely an adhesion of the urethral walls which yielded to the pressure of the fluid behind the obstruction. In all probability, had I been more persevering, I might have succeeded by the same operation which I have shown you today."

[The occlusion of the urethra during fetal life is a comparatively rare condition, the condition of epispadius and hypospadius being more frequent. The intrauterine occlusion not infrequently results in dilatation of the bladder, sacculation of ureters, with distension of the kidneys and more or less destruction of the secreting structures.]

2. Tumor commenced at site of second molar tooth, six months ago. Is now the size of a hen's egg. Has been removed once and returned.

Extraction of canine tooth in front of tumor to make room for dividing the jaw. Divides the upper lip in the middle, carries the incision around ala of nose and then straight upwards. The second incision passes from the angle of the mouth upwards and outwards. The cheek is then dissected off from the tumor, the duct of Steno is entangled in the growth and must be sacrificed. The arch of the jaw, the nasal process and the anterior root of the zygoma are then divided by a dental engine. With a thin chisel the arch of the hard palate is divided, the growth seized with a lion jaw forceps and readily removed.

[The operator has here followed the usual method adopted in excision of the superior maxilla. But once during the past ten years have I resorted to this extensive incision. I have repeatedly removed the entire superior maxilla through the mouth, enlarging it only by an incision through the lip into the nostril of the side to be removed and separating the cheek from the bone and the ala and side of the nose from the nasal process of the bone. This incision is readily approximated, and when the surfaces are well opposed, heals quickly and without much scar. It gives more room than can be obtained by the simple vertical incision outside the ala of the nose, but not so much room as when the transverse incision along the lower border of the orbit is added. The simple vertical incision leaves an angle at the eye that readily tears when any tension is put upon it. This incision should never be employed except in conjunction with the transverse one, but the incision through the lip into the nostril and the separation of the ala and side of the nose from its bony attachment gives a firm and solid border for traction, and the room allowed is

ample for all tumors except the very large ones.

The point of difficulty in all of these excisions is to reach and divide the external border of the orbit and zygoma, or to sever the malar bone from its attachment to the maxilla. This is more satisfactorily done through a slightly curved incision, 2 or at most 3 c. m. long, over the body of the malar bone. A pair of straight bone nippers can then be used through the little cut to divide the orbital margin and the zygoma, or to cut through the maxilla-malar junction. This incision enables the operator to complete this difficult and tedious step in the operation while the patient is still taking the anesthetic, and enables the operator to remove large tumors without cutting across the cheek. I first used this isolated cut in Sept., 1885, and have found it applicable to two cases during the past winter. I think this operation is a marked improvement over those ordinarily described.]

3. An immense hair mole covering the whole right side of the forehead down to the upper border of the eyelid, too extensive for electrolysis. "Dissect the skin of the mole from the top of the eyelid and carefully take it away to where the brow ought to be. Then make an eyebrow by making two arched incisions, leaving a strip of mole between them to match the form and length of the brow on the opposite side. Leave the portion of the mole embraced in the limits of the hairy scalp. Having removed all that is necessary of the mole, he takes from the outside of the patient's thigh thin shavings of skin and grafts them upon the new area to assist the process of cicatrization and improve the smoothness of the surface. In grafting for this purpose we shave the grafts very thin, but apply them in large pieces from half an inch to an inch in length, which adhere very perfectly. He has had them succeed an inch and a half in length."

[This case is noteworthy because of the employment of skin shavings to make a smooth surface and diminish scar tissue on the face. How perfect will be the result?]

IV. "Five methods have been employed, namely: suprapubic, rectal and interpubic puncture, opening the membranous urethra, and prostatic puncture.

The post-prostatic operation is free from any and all the objections which can be raised against the other operations. It is well placed for drainage, it does not interfere with the genital tract, nor is it in the way of defecation. The part of the bladder attacked is the same as in the rectal operation, the site long since selected by surgeons as most favorable for tapping. On the other hand, the risk of urinary extravasation behind the deep pelvic fascia, of injury to the vesiculae seminales, and to the peritoneum or knuckle of intestine in the recto-vesical pouch, may be urged as disadvantages of the operation. They are, I believe, largely imaginary, as with proper care the dangerous rocks can be avoided. The most real danger is that of primary extravasation; but as will be pointed out in the cases to be mentioned, the muscular and mucous coats of the bladder contract immediately after the withdrawal of the instrument and prevent any urine from escaping; and even should some do so, it will choose the path of least resistance and appear at the perineal puncture. To perform the operation the patient is placed in the lithotomy position, and if the bladder be contracted, it can be filled from the urethra in most cases. The forefinger of the left hand is then passed into the rectum, and made to explore the prostate and inferior surface of the bladder. Some sort of idea can then be formed of the distance the trocar will have to travel to reach the bladder and the direction. The forefinger being retained in the rectum, a trocar and canula of the size of a No. 12 catheter, is thrust through the skin about three-quarters of an inch in front of the anus, and slowly pushed on until resistance is felt to have disappeared. The trocar is then withdrawn and the bladder emptied. The subsequent steps in the operation require no description. In my cases the metal canula was retained, but it would be better to pass through it into the bladder a No. 8 elastic tube and withdraw the

canula. It is a great advantage to be able to introduce so large a tube, as the chances of its becoming blocked are reduced to a minimum. Finally, to make the patient comfortable a tube is attached to the catheter and the urine drained into a bottle. To retain the catheter Mr. Appleton, of Beverly, devised a very simple apparatus. It consists of a triangular piece of thick leather, with a hole in the centre through which the catheter passes. One small hole behind, the others at either of the front corners, permit the tapes passing which are attached to a belt around the loins."

The use of the trocar to enter, through the perineal tissue, the base of bladder for permanent drainage is ingenious. It provides drainage from the most dependent part of the bladder, without the necessity of irritating the rectum and the anus with the presence of a foreign body, and it avoids the injury of any portion of the sensitive urethral tract. If experience proves that it is a safe procedure it is a marked advance for the point of exit of the drainage tube, and is the best one for easy control of the escaping fluids. I have but little doubt that the danger of infiltration of the tissues contiguous to tract of drainage will prove to be very slight if the tube is watched and the channel kept free, for the firmest membrane pierced in the proposed path of puncture is the bladder wall. It might add a little to the safety of the proceeding to enlarge somewhat the skin opening.]

V. Two cases illustrating this subject are presented:

Case I. A fold of intestine, twelve inches in length, protruded from a stab in the abdomen. The fold was constricted and deeply congested. A longitudinal cut, two inches in extent, opened the lumen of the gut through which fecal extravasation had taken place. The intestinal wound was closed with cat-gut sutures. The abdominal wound enlarged and several inches of intestine above and below the protruded portion examined in order to ascertain if any other injury existed. As no other damage to the gut was detected the intestine was carefully cleansed and finally irrigated with a warm solution of bichloride of mercury, and the cavity was sponged. The writer remarks that exploratory laparotomy was not called for in this case as the intestine already protruded, and the wound in the gut, being extra-peritoneal, no extravasation of contents into the cavity had taken place.

Case II. Patient was stabbed in the abdomen four inches above and three to the left of umbilicus; a finger-shaped piece of omentum protruded from the opening. Patient was suffering from shock, feeble and rapid pulse, pain over site of injury.

Three hours after the wound was received a median laparotomy was made and the n-testinal canal from the stomach to the sigmoid flexure of the colon with the mesentery and omentum carefully examined. No wound of any viscus was found and the contents of the abdomen were replaced with antiseptic precautions, and the peritoneum, linea alba and skin separately sutured. Patient made a satisfactory and complete recovery.

Dr. Dennis says: "That the patient would have recovered without any surgical interference is undoubtedly true, judging now from the knowledge obtained by the exploration of the peritoneal cavity, but we must judge a case upon the symptoms present at the time of the injury, which is the time for the surgeon to act in order to save human life." [The abdominal section in this case is the first exploratory laparotomy that I can find in surgery when the operation has been performed in stab wound of the abdomen, without previous knowledge of any wound within the peritoneal cavity and without the protrusion of the gut. It is, in other words, the application of the same principle to stab-wounds upon which laparotomy in gun-shot wounds of the abdominal cavity is performed."

Cites a third case in which a volvulus occurred from the stimulation to the peristaltic action caused by a stab wound. Gangrene of the strangulated portion and death of the patient ensued. A laparotomy in this case would probably have saved the patient's life,

and yet no visceral injury in the shape of a perforation existed.

Gives statistics of fifteen successful cases, by various observers, of penetrating stab wounds, where either a true laparotomy was performed or the original wound enlarged, the perforation sutured and the cavity sponged.]

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VI. Dr. Pilcher gives the clinical histories of three cases of acute intestinal obstruction. In the first laparotomy was not performed. In the second a condition of constipation with tympanitis existed for five days. On opening the abdomen many and firm adhesions bound the intestines, omentum, bladder and pelvic walls together. The constriction was relieved. Patient rallied from the shock of the operation, but died after ten hours from asthenia.

In the third case a fatal result was not averted, though the constriction was relieved within twelve hours of the first symptoms of strangulation.

"Around the question of diagnosis, therefore, the greatest and most vital interest attaches, for only in those cases in which an early diagnosis is arrived at and prompt operation is done, does any hope of recovery exist."

Divides causes of obstruction into acute and chronic and discusses the more common of them. Of acute causes of obstruction, intussusception comprises one third. "Laparotomy should be performed in all cases of acute intussusception as soon as a diagnosis is made, and in chronic cases if they have failed within three or four days at the most to be relieved by other treatment."

Volvulus, or acute twisting of a loop of intestine on itself in such a way as to produce obstruction, is the least frequent of the causes of obstruction. "Prompt laparotomy is the only resource available for its relief; nor even after the abdomen has been opened is the reduction of the twist often an easy matter to accomplish." Intestinal strangulation may be confounded with certain cases of acute strangulation from some other forms of intraperitoneal accident, such as internal hemorrhage, the rupture of an abscess into the peritoneal cavity, or perforation of the bowel by ulceration, with the escape of intestinal contents; with reference to the question of laparotomy, however, there being no additional complications, the threatening symptoms which they excite, together with those that attend the more acute and severe cases of strangulation, demand immediate laparotomy as the only possible source of relief.

"The object of the communication is to call the attention of practitioners anew and with emphasis to the exceedingly unfavorable prognosis that attends all forms of acute intestinal obstruction, and to urge the early adoption of laparotomy, not as the last resort, but as the therapeutic measure, which in all cases gives the best chance of relief, and in some is the only possible way of escape from speedy death."

[The difficulty of determining the necessity for exploratory laparotomy is here well illustrated in one of the reported cases, and the futility of the operation in the other, yet in both cases the indications seemed plain and the need for relief urgent.

The grave results that attend penetrating injuries of the abdominal cavity, and the exceeding danger of any constriction or obstruction of the bowel, together with the growing immunity with which we open the abdominal cavity, should encourage us to give the operative relief that is so often demanded and so rarely given in these cases, although we may err in the diagnosis and inflict unnecessary and grave injury.

The responsibility in dealing with such cases is very great, and involves, if operation is attempted, the infliction of a grave wound to relieve a condition of uncertain import.

The cases above detailed plainly point out the lesson to be learned from them, and they are submitted without extended comment, because of the importance of the subject.]

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VII. Dr. Richard B. Stewart, of Warren, Pennsylvania, reports (Chicago Medical Times) a remarkable case of recovery from an injury, apparently necessarily fatal. The patient,

a man of 42, was struck by an iron rod three-fourths of an inch in diameter falling from a height of seventy-four feet. The end of the bar struck him one and one-half inches below the right ear, passing under the sterno-cleido-mastoid muscle, and obliquely across the neck to the front, striking the manubrium on its under surface, and crossing over struck the cartilages of the first two ribs, nearly if not quite separating them from the sternum, coming out of chest one-half inch below and one inch to the right of the nipple of the left breast. It then struck the left thigh, six inches below the anterior superior spine of the ilium over the rectus femoris muscle, which it perforated, and came out at the lower and outside of the thigh, five inches from the external tuberosity of the femur, penetrating the ground for about five inches. Five feet and eleven inches of rod passed through the neck and chest. Entrance to exit of wounds measured sixteen inches. Thigh wounds eleven inches apart. With good care the patient recovered.

[The above case is noteworthy, not so much on account of the recovery of the patient, but because of the escape of important organs from severe or fatal injury. It would be thought impossible to drive a rod nearly two cm. in diameter through the neck in that way without disturbing the great blood-vessels or the trachea. If a bullet had struck the inner surface of the upper end of the manubrium, it would probably have been diverted from its direct course and turned inward upon the thoracic viscera; but the weight, bulk, and velocity of the shaft carried it through bone and cartilage and saved the patient.

These escapes are not so remarkable as are those recoveries that occur when important organs are severely injured.]

—Dr. T. J. Miller, of Sedgewick, Kansas, in the Medical Index, reports cases of scabies cured by Hardy's method, which consists in friction for half an hour with soft soap, and scouring one hour in warm water both followed by rubbing the whole body with Helmerick's ointment, consisting of two parts of sulphur, one part of carbonate of potash and eight parts of lard, followed by a complete change of clothing and bed linen.

ANATOMY AND PHYSIOLOGY.

BY B. J. PRIMM, M. D.

I. Experimental Epilepsy.—By Victor Horsley, Medical Record, January 2, 1886.

II. Voluntary Acceleration of Heart's Action.—Medical Record, January 2, 1886.

III. Physiology and Pathology of Digestion.—Experiments by Professors Ewald and Boas.—Journal of Amer. Med. Association, February, 1886.

IV. Recent Progress in Physiology and Pathology in Paris. By Vulpian, Medical Times, Feb. 6, 1886.

Although, in the great majority of instances, the subjects of physiology and anatomy are tabooed by the general practitioner, as being too puerile, and too elementary in their purpose to be worthy the consideration of a brain revolving such weighty questions as the administration of five grain doses of calomel or a teaspoonful of castor oil, still, as it is only by reasoning from positive,indisputable data that medicine can be reclaimed from that chaos of probabilities, which render it a so proverbially uncertain science, and made, what it should be, a deductive and logical one, and as such data can only be obtained by an exact knowledge of the construction of the human body, and of the functions of those structures which constitute the whole, and which studies are anatomy and physiology, for this reason it is that a department has been set aside toplace before the readers of the Review the ever progressing steps of these branches. It shall be its province to record the abstruse theories of physiology, as well as the tangible facts of anatomy; for any theory, though false in its totality, may have within itself a thought, the germ of a great truth, which, serving as a center around which other thoughts cluster, may ultimately develop into an invaluable fact. A knowledge of medicine is not an instinctive acquirement. Among the laity the remark is frequent: "Oh! Dr. So-and-so doesn't need to make an examination; he always seems to know just

what is the matter without one." The fact might remain that the doctor has that power, but it is not an inborn capacity for instinctively recognizing disease; he has only attained that power by constant observation and deduction of conclusions, and which acts are reason, not instinct, however devoid of effort on his part they might have been. So trust not to being "a born doctor," but let each one apply himself earnestly to the fundamental branches to which his increasing knowledge is to look for support, and the recompense will appear in his ability to recognize and correctly treat disease, not instinctively, but rationally. When medicine, following the evolution theory as applied to man, drops its caudal appendage of empiricism from want of supporters, as man has dropped his tail from want of use, then may it hope to stand forth with its sisters an exact science, and not one gigantic speculation.

I. Mr. Horsley, in his "Brown" lectures, speaking of experimental epilepsy and the effects produced by the removal of the pituitary body, says that the spasms heretofore artificially produced are very short in duration, and much less marked than those occurring in man; whereas those following the removal of the pituitary body, (which removal he effects by trephining the base of the skull through the mouth), are true well-marked epileptic paroxysms, accompanied by apparent hyper-excitability of the cerebral cortex. He also refers to a work previously published, in which there were cited twenty fatal cases of epilepsy, in every one of which there was found disease of the pituitary body.

II. Many cases are reported in medical literature of individuals possessing the power of voluntarily increasing the rapidity of the cardiac pulsations. Dr. Tarchanoff had an opportunity of studying this phenomenon in a student who was able to raise the pulse-beats from 70 to 105 per minute. He concluded that it was accomplished by excitation of the accelerator nerves, rather than by depression of the inhibitory center. He says this power is less rare than is generally supposed, as he has found it in a number of individuals, especially among those who possess that special muscular expertness which enables them to move the external muscles of the ear, or the platysma myoides, or to flex the terminal phalanges, while the others are extended.

[The case of acceleration of the radial pulse due to greater rapidity of the heart's action, recalls one seen a few years ago in opposition to it, in which the radial pulse could be entirely suppressed for an interval corresponding to, probably, five or six of its normal pulsations, although that state of affairs was not, I think, brought about by any mediation of the nervous system. Upon feeling the radial pulse, the party would take two or three deep inspirations, when closely following them, the pulsations in the artery would entirely cease for the above interval. The effect of a deep inspiration on the contents of the chest is well known; within its walls a complete vacuum is formed, which is immediately filled by air rushing into the lungs; that vacuous condition also makes itself felt upon the heart, and simultaneously with the inrush of air there is a tendency for the blood in the large arteries to return to the heart, and in the veins to augment that already existing condition. It is possible that in this party's case, that tendency might have entirely counterbalanced the onward flow in the radial, so rendering the arterial pressure nil, with consequent cessation of its pulsation. A more probable explanation that suggests itself was, that with the forcible lifting of the ribs there was a depression of the shoulder, and the subclavian artery as it passes over the first rib was completely occluded by being compressed between the uplifted rib and the depressed clavicle. The case was only casually brought under my notice, and the above are merely the explanations which hurriedly presented themselves.]

III. In the experiments in reference to the physiology of the digestive act, a young woman of an hysterical nature was chosen, as being peculiarly adapted to this purpose on account of the unfailing regularity with which

her stomach rejected liquids almost immediately after taking, and solids about two or three hours after. Her appetite was normal and health good while in the hospital. Repeated examinations showed the process of digestion to be normal. Inspection of the contents of the stomach when fasting showed (1) that they were constantly free from aliment; (2) that as a rule the reaction was neutral; (3) that neither free hydrochloric nor lactic acid was present; (4) that peptone was constantly absent. This is in direct contradiction to what has been recently stated, that the stomach fasting has its contents strongly acid. To meet the objection that the act of vomiting might influence the chemical changes, experiments with the siphon stomach-tube were made on other inmates of the hospital in whom there were no disturbances of digestion. The results were identical with that of the first patient. By employing suitable reagents the observers were enabled to separate lactic from hydrochloric acid, and noticing that during the digestive process the lactic acid began to disappear with the appearance of the hydrochloric, they divided the process into three stages: the first in which lactic acid is present, but no hydrochloric; the second, in which the lactic acid reaches its acme, and hydrochloric begins to appear; and a third, in which there is a rapid disappearance of the lactic, with great increase of the hydrochloric. With the administration of different articles of diet the process was found to vary greatly in length, requiring more time for meat than bread. Experiments were performed which were quite convincing as to lactic acid being the result of fermentative processes, and not of secretion. For example, white of egg being given, no lactic acid was found in any of the stages; whereas, when potatoes were taken, which are great producers of this acid, it was found early in the process, and persisted for a long time. Further experiments pointed to the unlooked for result of lactic acid as a cause of delayed digestion. It was noticed that during menstruation the digestive processes were prolonged, together with a prolongation of the lactic acid period. Furthermore, all those articles of difficult digestion are known to be great lactic acid producers. The question now turns upon which is cause and which is effect. If it is proved that lactic acid is a retarder of the digestive process, it will necessitate a complete revision of our diet-tables. The experiments are still in progress, and the authors promise to make known from time to time their results.

IV. Professor Vulpian, the well known physiologist, has, in a series of communications to the Academie des Sciences, described a long course of experiments and their results which throw a new light on that obscure question, the physiology of the brain. Pflüger's theory is generallyadmitted by physiologists. Rosenthal and Marey are among the rare exceptions who believe that it is based on results not clearly demonstrated. This theory admits that an electric stimulus communicated to a nerve becomes more and more intense in proportion as it travels along the nerve from the stimulated area toward the periphery: therefore of necessity an electrical stimulus of unvarying intensity produces muscular contraction, more and more exaggerated according to the increased distance of the stimulated area from the muscles. Another logical deduction from Pflüger's theory is, that a current which is too weak to produce muscular contraction near the peripheral extremities would have this effect if the current communicated the nerve-stimulus to a point further removed from the nerve-terminations.

M. Vulpian made the following experiment, which negatives Pflüger's theory. A dog was submitted to the effects of chloral until the reflex phenomena which have their origin in the medullary substance were entirely suppressed. The external popliteal nerve was then isolated at the upper part of the thigh, and a glass rod was passed under it without cutting it. The tibialis anticus was isolated in the same manner, and it was stimulated by a current from Du Bois-Reymond's apparatus. When the two coils were

separated by a distance of five hundred and ten millimeters the foot contracted. The external popliteal was stimulated by this same current, but no movement was provoked. The coils were then placed closer together by fifteen millimeters, and contraction took place. Other experiments made by Vulpian were equally adverse to the accuracy of Pflüger's theory.

Having obtained these data concerning the peripheral nerves, M. Vulpian extended his researches to ascertain if the same phenomena were repeated in the brain, and if the gray substance presented certain areas, some more easily stimulated than others, as is supposed by some physiologists who have studied the effect of electrical stimulus on the cerebral surface. When in a dog's brain those cortical regions which are admitted to be the motor centers for the facial muscles, for the fore and hind legs, are successively subjected to the influence of an electrical stimulus, it is observed that the first region enumerated is influenced by a weaker current than the second, and the second by a weaker than the third. The distances between the coils of a Chariat's apparatus were respectively one hundred and eighty-five millimeters, one hundred and seventy-eight, and one hundred and seventy-five. As the experiment first described demonstrates that the strength of the current must be proportionally greater the farther the region stimulated is removed from the periphery, it is not logical to suppose that one cerebral region is more easily stimulated than another, but that it is a question of distance, and a certain amount of stimulus is spent on the road (by resistance). This second experiment is additional evidence that Plüger's theory is fallacious. Its results, likewise, have a direct bearing on cerebral pathology which deserves serious attention. A stimulus communicated to regions of the gray cortical substance may be powerful enough to stimulate the nucleus of origin of the facial nerves and provoke muscular movements, but not powerful enough, though actually in existence, to stimulate the nuclei of origin of the nerves of the limbs.

M. Vulpian, farther on in his researches, succeeded in establishing a fact that negatives many others hitherto admitted with regard to cerebral localization. Many experimentalists believe that certain sensory and motor centers are localized in certain given cerebral areas. Some clinical phenomena seem to support this doctrine, others to disagree with it. M. Vulpian's experiments indicate that the gray cortical substance is not excitable by the current in the areas known as special centers, but in the underlying white substance. He isolated electrical conductors by means of gutta percha, and then passed them along the gray substance, and was thus able to observe that an electrical current that was not strong enough to stimulate the gray substance provoked movement. He also ascertained that if the gray substance was congealed by means of methyl chloride, an electrical stimulus provoked movements in those limbs of which the motor center had been localized in the gray substance which had been destroyed by congelation. These two experiments indicate that the centers which had been localized in certain regions of the gray substance have no real existence. The real origin of the nerve fibres is in the underlying white substance, and therefore the gray substance does not present isolated groups of cells affected to different functions. This peculiarity of structure, moreover, is entirely contrary to what is known of the intimate structure of the gray substance.

M. Vulpian has ascertained by means of his experiments that the brain is capable of receiving a stimulus only during a few seconds after death. Once only he observed in a dog's brain the stimulation period extend to one minute and a half after the cardiac movements were suddenly arrested by electrization. M. Vulpian affirms that in those cases where experimentalists have believed that stimulation of the cerebral motor regions has lasted longer, they have mistaken for cerebral stimulation contractions resulting from direct electrization (by direct or diffused currents) of the nerves and muscles near the brain. The contractions produced by faradization of the

cerebral lobes a few minutes after death never take place in the limbs, but are always limited to the muscles of the face, especially the temporal muscle, and the muscles of the neck, the trapezius included. M. Vulpian's assertions are in reference to experiments made after part of the cranium has been removed. The results of those made under other conditions cannot be considered valid. If the faradic current is not very intense, these contractions are always limited to the side faradized. If the left cerebral lobe be electrically stimulated, the contractions appear on the left half of the face and neck. If the current be sufficiently strong to provoke contractions on both the left and the right side, they are always more marked on the side which has been submitted to faradization. Direct stimulation of nerves and muscles by means of direct or diffused currents is followed by phenomena exactly similar to those obtained by the following experiments, in which stimulation does not enter into the question. A few minutes after crural pulsation was arrested in a dog by faradization of the cardiac ventricles, the brain was quickly removed by cutting the spinal cord behind the medulla oblongata, and cutting also the cranial nerves. After a few minutes had elapsed the brain was carefully replaced in exactly its normal position.

The electrodes of an apparatus of induction currents were placed on the cerebral lobes. The points of these electrodes were at a distance of .005 of a millimeter from each other. A strong current was then passed, and the temporal muscles and the muscles of the side of the neck corresponding to the cerebral lobe electrified were electrified. When the posterior third of the cerebral lobe was faradized, the muscles of the neck especially contracted, but still more powerfully when the surface of the cerebellum was stimulated. These phenomena occurred about half an hour after cardiac contraction was arrested. When the electrodes penetrated the lobes, the contractions were more violent than when applied to the surface. Contractions also occurred when, after the brain was removed, a moist sponge was placed on the medulla oblongata. When a faradic current was passed through the sponge, contraction of the temporal muscles or muscles of the neck took place on the side electrified, according to the areas which received the stimulation. M. Vulpian has, by electrifying the surface of the wet sponge by a strong current, provoked contractions in the temporal muscle of the corresponding side forty-five and fifty minutes after circulation had ceased. It generally happens that these phenomena which are clearly observed twenty-five minutes after circulation has been arrested are not repeated thirty-five minutes afterward. These experiments have been made on dogs, but M. Vulpian does not believe that the period of cerebral stimulation after death in adult dogs differs greatly from that of other adult mammals, unless they are hibernating animals, and in a state of hibernation. The cause of death influences but slightly the length of this period. In case where death results from sudden arrest of the circulation, the stimulation-period after death is of the longest duration.

CONTRIBUTION.

TRAUMATIC TETANUS.

BY WILLIAM D. RUHL, M. D., SHELDON, IND.

I wish to report a case, which, though not unusual, may be interesting, in showing what slight causes oftentimes produce tetanic spasm in the human body. We will adopt, for the present, the definition of Dunglison, who describes tetanus as "a tonic muscular contraction, general or local."

Tetanus is of two forms, idiopathic and traumatic. The idiopathic form of tetanus is free from any antecedent injury, whilst the traumatic form is always produced by injury.

I was called to a case of tetanus recently, due to the extraction of the right second molar tooth of the inferior maxilla. On February 10th Mr. John F., of Sheldon, æt. 38, farmer, of good health, went to the city of Fort Wayne with a load of produce, a distance of about twelve (12) miles. While on his way to the city, his right second molar (being decayed) began to ache. As Mr. F. expressed it, it was "a regular jumping tooth-ache." Mr.

F. called on a dentist while in the city and had the tooth extracted. He continued to have pain all the afternoon of a neuralgic character and in a few hours it was excruciating in character in the right side of the head and at the point of the jaw where the tooth was extracted. I saw him at 10 P. M. the same evening; pulse 90 to 95; temperature 100° F. There was swelling at the angle of the jaw; heat, tenderness and much pain; also spasms of the muscles of mastication and in the posterior cervical region, pulling the head strongly backwards. The masseters were extremely rigid on both sides. The teeth being closely and firmly set, the features gradually stiffened into a ghastly fixed smile (risus sardonicus). The patient also complained of violent pain in the sternum and thence in the back. He often complained of a tightness or constriction around his chest. This was always followed by an increasing rigidity of the lower jaw. He had no tetanic contraction of any other muscles of the body except those connected with mastication, deglutition and posterior cervical region. The patient had had no abrasion of the skin within the past month. He had perfect control over the bowels and bladder. I immediately administered chloroform. Spasm and the pains yielded readily to the first or second inspiration, affording complete relief for a period of two hours. In the meantime I relieved the bowels by turpentine enema. When the spasm and pains returned, I repeated the inhalations, until he was completely relieved of the spasm and pains. Once or twice I thought my patient was almost ready to "cross over to the evergreen shore." The spasm and pains would return every two or three hours until he had had six convulsions; the two first were severe, the four last being less severe, with each successive spasm and pains. One or two inhalations afforded relief each time. In the interval between the paroxysms, I gave the following: Pulv. opii, grs. iii to iv. Quinine sulph. grs. iv at one dose, to be repeated every hour, or, as often as necessary to keep him profoundly under the influence of the drug, which is without action unless given in enormous doses, and frequently repeated in this fatal disease. My patient awoke at 4 A. M. He was calm and seemed to be refreshed. I immediately gave him another dose of opium and quinine. He was soon asleep again. At 8 A. M. he awoke and partook of egg-nog, returning to sleep immediately. At no time was the pulse accelerated, although the volume was augmented when the patient was easy. The pulse felt hard and incompressible during the paroxysms. After that day the case recovered with but little medicine. I gave him plenty of egg-nog, brandy, milk, etc. I kept him in a dark room kept as quiet as was absolutely possible.

Chloroform was most in favor with the surgeons during the late war. It has always been the favorite remedy of Dr. Yandell, of Louisville, and Prof. W. H. Hammond has a preference for it over all remedies, together with ice to the spine. I did not give the opium and quinine with a view of any specific effect. The opium was given to relieve pain and produce sleep. It acted well and was therefore continued. The quinine was given for its antiperiodic and its antipyretic effects, and its well-known action on the nervous system. Its supporting and tonic properties particularly increase and maintain vital affinity. He also partook of large quantities of brandy and wine for several successive days. First, because his system demanded it; second, because he "liked it."

There is scarcely an article in our vast materia medica that has not at some time or other been lauded for its virtues as the remedy in its treatment. They all have been, at one time or another, held in popular favor, but failed in the crucible of experience. By far the largest mass of testimony has accumulated in favor of chloroform, opium, quinine, stimulants, and nutritious food and proper hygienic surroundings.

Tetanus appears to have been known to the ancients. Any one who will take the pains to search the literature on this disease will be surprised to see what little progress is made in the pathology, natural history and treatment of this, one of the most frightful and fatal of all the diseases to which human flesh is heir. Tetanus has, from time immemorial, been one of the bug-bears of the profession, and the traumatic variety is the surgeon's terror.

There were three hundred and sixty-three cases of traumatic tetanus reported to the Medical Bureau at Washington during the late war, of which three hundred and thirty-six terminated fatally. Of the twenty-seven recoveries, twenty-three were of a chronic character, which would leave but four cases of the acute variety.

Dr. Gross, at the time of writing his work on surgery, had seen but two recoveries. I find he has reported a case since that time. Dr. Frank Hamilton, with his vast experience, has witnessed five recoveries, but one of which was of a decidedly acute character. Dr. O'Burne witnessed two hundred cases in the Peninsular war, with not a single recovery. Dr. Hermen, who seems to have studied

this disease very thoroughly, never saw a case of recovery from acute tetanus. Dr. McLeod collected twenty-three cases which occurred in the British army, in the Crimea, of which two recovered.

The shortest case on record is one observed by Prof. Robinson, of Edinburgh, quoted by Dr. Hammond. The patient, a negro waiter, cut his finger with a piece of broken china. He was immediately seized with tetanus and died in fifteen minutes. Dr. Poland quotes a case in which death took place in five hours; Dr. Keith one in eighteen hours. The average duration of fatal cases is from ten to fifteen days, though cases are on record which lingered several weeks, and finally terminated in death.

But recovery is the rule in cases that have lasted till the fifteenth day. As to the pathological changes that take place in the nerves, probably the researches of Billroth are the most complete. He has been able to detect nothing beyond a mere reddening of the neurilemma of the nerve-filaments, in those branches leading from the wound. Recovery has been reported after stretching of the nerves, but in these cases, probably, the patient would have recovered without it. Notwithstanding post-mortem examinations have generally given negative results, there is abundant evidence in support of the hypothesis that the seat of the disease is located in the gray matter of the spinal cord, and that it is not inflammation, as was at one time supposed, but an irritation caused by an intense degree of excitement into which it is thrown by some particular cause. Just what this irritation is the pathologists have left to our own conjecture.

The only rational treatment, then, for this frightful and fatal disease is in removing all known sources of irritation, relieving the spasm and pain, and supporting the power of life until this irritation has exhausted itself. I have no faith whatever in antispasmodics, or any of the specifics that are recommended by medical writers, and but little patience with practitioners who are continually crowding their patients with these drugs.

In all cases I would give anesthetics—chloroform, which is the best; opium, in heroic doses, quinine, stimulants in large quantities, and place the patient in proper hygienic surroundings. If no cure is effected, I would surely smooth his path from time to eternity.

Authors referred to:

Samuel D. Gross's System of Surgery, John Erichsen's Systems of Surgery, Timothy Holmes's System of Surgery, Frank H. Hamilton's System of Surgery, Wm. H. Hammond's work on Nervous System, Austin Flint's Practice of Medicine, J. Lewis Smith's Diseases of Children, Medical and Surgical History of the War of the Rebellion, International Encyclopedia of Surgery.

CLINICAL LECTURE.

CEREBRAL EMBOLUS.

BY PROFESSOR J. M. DA COSTA, OF PHILADELPHIA.

Delivered in the Pennsylvania Hospital.

The first case that I will show you to-day, gentlemen, is one that possesses considerable interest both from a diagnostic and a therapeutic point of view. The patient is a woman who was admitted to the hospital on the 15th of January, and in whom we had and have no reason to suppose that there is any specific taint. She has had two children and has led the life of a hard working woman, but has never shown any evidences of being of a sickly nature. She has never had chills and fever, jaundice or rheumatism. She tells us, however, that she has occasionally had spells of palpitation of the heart accompanied by more or less dyspnea. Her appetite has always been good, she is of a rather costive habit, alternating occasionally with diarrhea. Well, then, this woman, while apparently in the best of health, with nothing abnormal to attract our attention beyond these insignificant attacks of palpitation and dyspnea, is waiting at the corner, one evening, for a car, after a day of hard work, when she is suddenly seized with a peculiar and never-before experienced faintness. She becomes frightened, and concluding not to wait longer for the car, starts to walk home. Before she has proceeded far she loses all power in her left side and falls to the ground. She is able to rise, however, and walk a little further, when she again falls, presenting to the inexperienced observer the picture of a woman very much under the influence of liquor. This performance is several times repeated. She falls, rises, walks a few steps aud falls again, until she finally reaches her home, very much exhausted and nearly absolutely powerless in her left side. She is at once put to bed. Here, then, we have a history of sudden, one-sided palsy, preceded only by a few moments of faintness, and not attended with unconsciousness, for her intellect remained perfectly clear throughout. To resume the history where we left off, she was put to bed, I

say, and for a while the palsy increased, when it commenced to disappear. For the first two days she had headache, was suffering continually from nausea, and was greatly prostrated. She also complained, during this time, of a curious faintness about the heart. The nausea disappeared before she came into the hospital; but the sensation about the heart continued, besides which there was noted the loss of power in the left side, formication in the left arm, and, while her intellect was perfectly clear, she complained of frontal and occipital headache, which was continuous. Her eyes and ears were very sensitive to light and sound, which caused her much annoyance. The tongue was moist and white, and upon examining the heart, we detected a systolic murmur in the mitral area and an onward or systolic murmur in the aortic area. Motion and sensation were both impaired, the latter less so, however, than the former. The face was not at all affected, while the reflexes on both sides, the patella-tendon and that of the abdomen, were exaggerated, the left side being most marked in this respect. The neck was stiff and the head somewhat retracted. The urine had a specific gravity of 1025; there was neither albumen nor sugar.

By ophthalmoscopical examination we found that the margin of the disk in the left eye was blurred in its upper two-thirds; in the right eye there was choking of two diopterics and an obscured outer margin. The veins were engorged, the arteries normal and there was no hemorrhage. The treatment has consisted in counter-irritation, calomel in small doses and fifteen grains of iodide of potassium thrice daily.

Now, gentlemen, I will see how she is today and then make some remarks on this very interesting case. From the notes we learn that on February 3rd, she had one of her attacks of palpitation with more or less vertigo. February 4th, it is noted that her eyes are still sensitive to light. To-day, her temperature is normal. In fact it has never been more than one degree above normal. You see she can raise her arm very well; the power of the left arm has considerably returned and she has a very fair grasp in her left hand. She can walk now, though a slight dragging of the left leg is noticed, so that you can see that this hemiplegia, that was complete before admission, and very marked when she came into the hospital, has now almost entirely disappeared. Let us see in what condition is the sensation; it is everywhere distinct and the reflexes are now normal. When we examine the eyes, we find that the pupils react well to light and there is not the least palsy of the facial muscles. The tongue is somewhat coated. When I examine the heart, I find that there is still a marked aortic murmur and a very faint mitral murmur, the aortic being decidedly the predominant lesion. The heart is slightly increased in size. The pulse this morning is 100.

Now, let us ask ourselves what was the nature of the lesion in this case. Here we had hemiplegia, coming on suddenly, at first complete and now nearly gone; paralysis of motion, some loss of sensation, and well preserved, perhaps exaggerated, reflexes. We had these symptoms and in conjunction with them, violent headache. Consciousness was never lost nor was the intellect impaired. These phenomena are observed in a person who has valvular disease of the heart. Now, the diagnosis is easy, the case is clear; we have had a cerebral embolus; a plug of fibrin has been detached from the diseased valve and carried to the brain, where it has occluded a vessel, shut off the nourishment from a portion of the brain and thus given rise to these symptoms. From the extent of the paralysis I would infer that the vessel occluded was the middle cerebral artery. I would also suppose that the mischief had gone even further than this and had involved the nutrition of the right corpus striatum or optic thalamus, which would account for the left-sided and complete hemiplegia. The point upon which the diagnosis is largely based is the rapidity of the occurrence of the hemiplegia, without loss of consciousness, in a person who has valvular disease of the heart. Having thus determined the main point in our diagnosis, there are some supplementary facts to be taken into consideration. The rapid disappearance and the curious way in which it came on all support the theory of embolus. It was sudden, it is true, in its advent, but it was also, so to speak, gradual. You remember the woman was able to get up and walk each time she fell, and it was not until after she got home and was put to bed that the paralysis became complete. Thus it grew, as it were, with every effort, it was a cumulative paralysis, increasing as the brain felt more and more the interference with its nutrition, the changes produced by the force of the circulation forcing this plug further and further into the vessel. There were stages before it was complete. This headache, the marked nausea and vomiting are very characteristic symptoms in cerebral embolism.

As for prognosis, the woman has now practically recovered, the collateral circulation is well established, and the plug itself, has no

doubt, by attrition, undergone changes. The treatment in such cases must be first of all rest, which must be absolute and prolonged. We must also act on the bowels, keeping them regular. Then we must keep the circulation under control and to do this intelligently we must look into the condition of the circulation in each case. If we find it feeble, we must strengthen it by the use of digitalis; if it is too strong, we must reduce it with aconite. The cases must be picked, and if we find that trouble is of cardiac origin, as it usually is, we must direct our remedies as much towards the condition of the heart as the hemiplegia. As a rule, in these cases, we will find the circulation weak and digitalis will be indicated rather than sedatives. You will remember that I had a very similar case before you some time since, wherein digitalis worked very satisfactory results. This woman is now taking small doses of calomel and soda; when the tongue becomes clean we will stop the calomel and give her iodide of potassium. But during all her treatment we will insist upon absolute rest. She will have plain, wholesome, unstimulating food, I do not see any reason to restrict her diet and the various secretions will be kept active. On one occasion, she was given a hypodermic injection of morphia for the headache and it acted very nicely, she went to sleep and when she wakened the headache was much less and it never recurred with its previous intensity.

Rheumatoid Arthritis.

The next case is a woman, 45 years old who has pain, swelling and numbness of the fingers, as well as of the toes, wrists, ankles and right knee. This condition has now become so aggravated that locomotion is much interfered with. She says that she has had some fever, though we are not very clear on this point, for she has had none since she came into the hospital. From time to time, she has some edema of the eyes and feet The present attack, she tells us, is not so severe as former ones have been. Remember this point for I will have occasion to refer to it again, as it is in these attacks that the peculiarity of the case consists. She speaks of having attacks, wherein there is an exacerbation of what she calls rheumatism. She is never entirely free from pain and swelling, but she claims that, at times, it gets worse. Her urine has a specific gravity of 1014, there is no sugar and no albumen. Her tongue is clean, her appetite fair and her bowels costive. Now look at her fingers, as I hold them out, their condition is characteristic of the disease from which she has been suffering for four years. The wrist joints are partially anchylosed, motion is painful, they are swollen,and as I feel carefully I note that this enlargement is due rather to a thickening of the ends of the bones than to a thickening of the joints. Now when I move the bones of the left wrist joint from side to side I elicit a very decided grating, and a similar condition is observed in the fingers, in the metacarpo-phalangeal articulations. In the smaller joints, those of the phalanges proper, there is stiffness and contraction, with here and there a prominence, but I can elicit no grating. Now, see how the fingers slant off, and the same grating is observed in the feet, ankles, and knee, but not in the elbows and shoulders. When I listen to the heart, I do not hear any murmur.

Now, I understand all about this case, except what she means by her acute attacks of rheumatism. She claims that this disease came on all of a sudden; now I ask her if she is sure that she did not have pain before the advent of the acute attack four years ago. I want to make sure if this condition began four years ago as an acute attack. She still adheres to this statement, says the joints became thus acutely affected and never returned to their former condition. They remained about the same, she said, until last autumn, when she had an acute exacerbation. These very marked changes, she claims, have only been present since the acute attack last fall. Let us look further into this second attack. When we question her more closely, we find that it was unlike the first, in that there was no fever and she was not confined to her bed; she was very weak and there was a marked aggravation of the joint deformity. There has been nothing like an acute attack since she has been in the house.

This, then, is a case of rheumatoid arthritis. The fact that there is no cardiac lesion may be taken as confirmatory evidence of this diagnosis, for if the woman had had rheumatism, we should expect to find some disease of the heart. Still more, the urine has a low specific gravity, being only 1014 and the urates are rather diminished than in excess; indeed we have occasionally found the phosphates and traces of bile on several examinations, though there were no other symptoms of jaundice. The tongue is pale and somewhat coated. There is an interesting point in connection with the diagnosis to be noted in the condition of the urine, which in rheumatism has usually a high specific gravity and contains an excess of urates. So then in the history, symptoms, and, above all, in the condition of

the joints, we have a case of rheumatoid arthritis. Now is there anything in this particular case different from the ordinary run of cases of this disease. Not in the ordinary features of the joints, not in the absence of the cardiac lesion, not in the condition of the urine, for in all these particulars it strictly confirms to the typical case, but it is unusual in its mode of origin. We will occasionally meet with a case where the beginning is acute, but it is not common. As a rule, the patient cannot tell you how or when the disease commenced. There may be a little pain one day, a little more the next and after awhile the joints will, almost imperceptibly become swollen and distorted. There is usually no fever and no distinct starting point. That is the usual history you will elicit.

Now, as to therapeutics; is there any use in treating such a case with the ordinary remedies used for rheumatism? Not the least, they would be worse than useless. This is an important point for you to bear in mind, because, as a rule, the patient will tell you that he has rheumatism, and unless you are on your guard you will be misled and will institute an absolutely worthless basis of therapeutics.

Depressant remedies are not at all indicated here; our remedies should be rather of a nutrient nature. We must employ alteratives, such as arsenic, iodide of iron and cod liver oil. This woman has been taking arsenic for a while, but does not seem to have derived any benefit therefrom, so we will not again resort to it. We also learn that during the disease she has taken the ammoniated tincture of guaiacum, and this has done no good. Therefore I will commence anew, and what shall I do? I have read somewhere recently that the oil of sandal wood was an excellent alterative in this disease. I have had no large personal experience with this drug, but in one case in this hospital in which I used it, I thought it did some good. Therefore I will give this woman that drug, in capsule, four times daily. At the same time I will carry out the nutrient treatment, by giving her a tablespoonful of cod liver oil with a tablespoonful of the extract of malt, thrice daily. Her diet will be plain, nourishing and varied, but not restricted. A most important element of the treatment of these cases is to be found in a system of local treatment, consisting of passive movements and local baths. The hands and wrists should be steeped in hot water and soda twice a day, and when they have been softened and relaxed by the hot water, they should be thoroughly worked and manipulated. In addition, we should resort to all that is implied by massage, to the joints and to all the parts around them. By a persevering use of these means, I have seen some cases as bad as this restored to usefulness. All the deformity will not disappear, this would be too much to hope for.

If I were compelled to make a choice between local treatment alone or constitutional treatment alone, I would choose the former, for I believe by far the best results will be secured from local measures. These cases are serious, very intractable and terrible in this ultimate consequences, for the patient may become absolutely bed-ridden.

A Furious "Bleeder."

My hour has so nearly expired, that I only have time to merely call your attention to this remarkable case of a very rare disease. This girl is twenty-three years old, and she tells us that she has bleeding spells from the ears, eyes, nose, lungs, rectum and bladder. As a rule, these spells will occur daily, though she sometimes will have intervals of a few days. These statements of hers have been verified by observation, for she has been in the hospital for some time; there is, therefore, no deception about these remarkable statements. She can assign no cause for these hemorrhages, which are more severe during her menstrual periods. She has had some red spots on her skin, at times. Her gums are perfectly healthy, there is no indication of scurvy about them. The urine contains blood, pus, albumen and casts; there is about one-sixteenth of albumen, a great many pus cells, epithelial casts, and a good deal of epithelium. The casts are from the kidney, the epithelium from the bladder, which shows that there is some vesical catarrh, while the fact that there are no granular or hyaline casts shows us that the kidney disease is not very far advanced. Now, what is the cause of this bleeding? There is no scurvy, so that we can only explain it from one of two views. It must be either a case of purpura or one of those very rare cases of "bleeders." When I first saw the case, I supposed it was purpura, but I am satisfied that it is not so.

This tendency to bleed is very curious; it runs usually in families. Were this a case of purpura it would not last continuously, as it has done. "Bleeding" is often hereditary, but there is no such family history here; the girl can go back to her grandparents, but she is the only case in her family. It is a curious fact that the tendency to bleed is most usually inherited from the mother's side. Now, what can we do for such cases? For the present we will order this girl twenty drops

of the fluid extract of ergot every two hours, give her a good diet, keep her bowels regular and look carefully into the condition of the kidneys and bladder to see if they are merely symptoms, or if they are in any way connected with the disease.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

Official Report.

Stated Meeting, March 1st, 1886. The President, C. T. Parkes in the Chair.

Dr. P. C. Jensen read the first paper of the evening, entitled

Digestion and Dyspepsia.

The author entered into an elaborate discussion of the physiological processes of digestion, the departure from normal, and the treatment of gastritis, ulcer of stomach and atonic and nervous dyspepsia. Owing to the length of the paper the author was obliged to omit a large portion of it.

Dr. J. Frank thought that in the diagnosis of stomach disease pain under the left shoulder would not be a pathognomonic sign in case any cardiac trouble co-existed. It is well known that patients with cardiac disease complain of pain under the left shoulder. He had found that the majority of cases of dyspepsia are due to dilatation of the stomach and diseases of the pancreas.

Dr. C. C. P. Silva spoke of the omission among the cases enumerated by the paper, of that common form of indigestion due to the excessive use of tea or coffee, especially when the tea or coffee has been boiled for a long time and drank after all the aromatic principles have been evaporated and there is left only the tannic acid, which precipitates pepsin. This is one of the most frequent causes of indigestion with ladies who abstain from cooking much and use only tea which is not freshly made, with bread and butter, taking such a lunch frequently.

Dr. Jensen, in concluding the discussion, said that he had found that in dyspeptic, as well as heart troubles, there is pain under the left shoulder. It is a symptom of dyspepsia when other affections can be excluded. As to dilatation of the stomach, it is often a cause of dyspepsia, and he had found it especially prevalent with beer drinkers who drink beer in large quantities, ten to twenty glasses a day. As to disease of the pancreas being a cause of dyspepsia, it is a very obscure organ, and it is difficult to diagnosticate disease in it. In regard to long-drawn tea or coffee being an influential factor in the production of dyspepsia, he had observed that drinking too much liquid of any kind with the food has a very deleterious effect upon the digestion; reducing the quality of the gastric secretion, and thereby hindering the proper digestion of the food.

Dr. J. H. Etheridge read a report of

Two Unique Cases of Vesico-Vaginal Fistula.

In the first case the bladder appeared to be torn across from side to side about one and one half inches from the meatus urinarius, and the "flap" thus liberated was hermetically sealed to the posterior wall of the vagina. The cervix uteri was completely surrounded with adventitious connective tissue, in whose meshes was retained menstrual fluid.

In the second case, following a very protracted, severe labor, wherein the forceps had been fruitlessly used, and twelve hours later delivery was allowed to be spontaneously accomplished, the most extraordinary results ensued. The right ovary and uterus had completely disappeared by sloughing. The left ovary remained.

The President said he thought it a well-established fact that there is a possibility of an accidental expulsion of the uterus and its appendages occuring in connection with labor. During the past year there has been quite a discussion on the question of whether it is possible for such a thing to happen, and so far as the extract published in the British Medical Journal goes, it seems to prove that cases do occur in which, as far as we know, no interference with forceps or otherwise was made, and yet there was extrusion of the uterus and its appendages, and sufficient constriction thereof to produce sloughing and entire loss of these organs.

Dr. F. M. Weller remembered a case in which rupture of the bladder into the vagina occurred, and the only causc to be observed was some gravel-stones found in the bladder. He had no doubt that they were the result of vesico-vaginal fistula.

Dr. R. Tilley inquired if he had asked the physicians who attended these cases if forceps were used?

Dr. Etheridge knew nothing of the antecedent histories of these patients. The first was a Bohemian woman who spoke German indifferently, and it was difficult to get her history. The second patient was an

American-born girl, and she gave a pretty succinct history of her experience. She was in labor forty-eight hours, consultation being called at the end of thirty-six. Instruments were tried, but failed to deliver her, and the physicians gave it up and went home. Finally pains came on and expulsion of the pelvic contents took place.

Dr. H. P. Newman read a report of

A Case of Ruptured Ovarian Cyst, with Specimens.

Mary H., unmarried; occupation, housework; age, 25; Norwegian. Since her first menstruation at 13 years of age the menses have been regular but scanty, accompanied by severe pain, necessitating her lying in bed the first day of each period. After coming to this country, four years ago, she seemed to suffer less in this respect, and while not strong, enjoyed a fair degree of health. In September of last year she had a mild attack of typhoid fever, convalescing at the end of the second week. During October she gained rapidly in flesh, and experienced less pain than usual at the menstrual molimen, as he afterward learned. In the second week of November following she was taken ill with peritonitis. It was during this attack, which was of several weeks duration in the subacute and localized form, that his attention was first called to any abnormal condition of the pelvic organs. The tenderness of the abdomen and pelvic viscera rendered a thorough exploration impossible, and it was not until January that a satisfactory examination was made.

The patient first came to his office January 25th, when he found a tumor extending upward and a little to the right of the median line, from the lesser pelvic basin to midway between umbilicus and symphysis pubis, and corresponding in size and general outline to the gravid uterus at the fourth month. Further investigation revealed fluctuation in the tumor, also that it was detached from the uterus; the latter being crowded to the left and back into the hollow of the sacrum. Although the fluid contents were not examined the growth was pronounced a probable cyst of the right ovary, and the patient so advised. To any operative procedure the patient demurred, but promised to consider the matter and report at his office the following week. Nothing was heard from her until February 3d, ten days later, when he was called to her house at about 6 p.m. He found the patient up, but complaining of pain and soreness of the abdomen, which was slightly tympanitic. Temperature 99½°, pulse slightly accelerated. With the use of an opiate and hot fomentations, the following morning he found her free from pain, with less tenderness over the abdomen, and no tympanitis. Pulse and temperature normal. He enjoined rest in bed, and directed that he should be called in case of further trouble.

On the night of February 6th he was summoned by the message that the patient was very low, and not expected to live through the night. He found the patient at 11 p. m. bolstered up in a chair, in a crouching attitude, with the thighs flexed upon the abdomen. The countenance bore such a pinched and anxious expression as gave striking evidence of grave peril. He was informed that following his visit on Thursday the patient had grown quite comfortable and free from pain, and contrary to his instructions sat up a large share of Friday. In the evening, while reading a letter, still sitting up in bed, she suddenly cried out that something had broken inside the abdomen. She suffered great distress, and was very much prostrated until 2 o'clock a. m., when she become more quiet. From this time she grew weaker, and had a very "bad feeling," as she described it, vomitiog at intervals during the day, but suffering no particular pain. He was not called until late at night, twenty four hours after the accident related. He found a rapid, feeble pulse of 140, skin moist, extremities cool, temperature 99° F., bowels tympanitic, but no pain, and little tenderness. She had passed no urine since the preceding night, and hardly a tablespoonful of dark fluid could be obtained by the catheter. A digital and bimanual examination revealed little or no change in the consistency and general outline of the tumor, as far as could be ascertained through the distended abdomen.

The gravity of the situation was explained to the friends, and an exploratory operation insisted upon as the only hope. As immediate consent could not be obtained, he advised a consultation. He therefore met Dr. A. B. Strong at ten o'clock that morning. Through the stimulants which had been freely administered during the night the condition of the woman remained much the same. Suppression of the urine was still a marked symptom, abdominal tympanitis somewhat increased, temperature normal. The possibility of ruptured pelvic abscess, or intestinal perforation from fecal impaction, was considered, the doctor concurring with me in urging an immediate operation. As soon as arrangements could be made, the patient was etherized and placed upon the table. He requested Dr. Strong to perform the operation. The inci-

sion through the abdominal wall was about three inches in length, midway between umbilicus and pubes in the median line. As soon as the peritoneal sac was opened there poured forth about three pints of purulent fluid. When this had been washed away the tumor was readily recognized filling the entire hypogastrium, its peritoneal surface engorged and discolored by the existing inflammation, Owing to the extensive adhesions, it became necessary to carry the original incision upward and through the umbilicus to a point two inches beyond and downward to the symphysis. The fundus of the tumor was firmly attached along the under surface of the mesentery, making it necessary to ligate before removal; and, on closer inspection a recently torn adhesion was observed, exposing a minute opening in the thinned wall of the sac, through which was oozing the purulent contents. In this connection it should be said that since her former attack of peritonitis, the patient had complained of increasing pain on resuming the recumbent posture, a fact now easily accounted for by the extent and nature of the ahesions which must have been thereby put upon the stretch. It is also probable that while sitting up in bed, movements of the body or abdominal viscera together with the softening of adhesions by recent inflammation, had produced the rupture here found, and so perceptible to the patient. The complete separation of the remaining adhesions, and the removal of its growth with the right ovary and Fallopian tube, was accomplished. The pedicle was tied with waxed silk, the ligature cut short and left within the pelvic cavity. All torn surfaces inclined to bleed were cauterized with a hot iron. The peritoneal cavity was washed out with hot water, dried with clean sponges, the wound closed, leaving a drainage tube in its lower angle, and the abdomen covered with antiseptic dressings.

Notwithstanding the free use of stimulants previously to the operation, and hypodermic injections of brandy toward its completion, within the next hour the woman's pulse became hardly perceptible at the wrist, and her immediate condition critical in the extreme. After the use of further injections of whiskey and ammonia, and the application of bottles of hot water to the extremities, the patient rallied slightly and recognized those about her. From nine o'clock in the evening, however, she gradually sank, and died at eleven P. M. The abdomen was opened the next morning by Dr. Strong and the writer. Though covered with recent exudations of lymph, the peritoneal surfaces were of a better color, nor had bleeding occurred from any of the points of detachment.

The tumor as here presented is an unilocular, dermoid cyst, its purulent contents, about a pint and a half, resembling very much the fluid found in the pelvic cavity. It also contained a mass of fatty substance bound together with a quantity of hair. The right Fallopian tube here attached, was uniformly enlarged and held a number of drops of pus. The left ovary, which was removed post mortem, also contained a few small cysts. The uterus was normal both in size and appearance.

The points of interest are: first, the disparity between the temperature noted and the extreme inflammatory changes in the peritoneal cavity; second, the difficulty in differentiating between rupture of this cysts, and a possible pelvic abscess; also the resemblance of the symptoms to those observed in a case of twisted pedicle, as reported to the society by our president, Dr. Parkes, at a recent meeting; and third, the liability of rupture of ovarian cysts even of small size, where inflammation occurs, constitute additional arguments in favor of early operation.

Dr. A. B. Strong said he believed it was generally supposed by the profession that peritonitis is always accompanied by an elevation of temperature as ihdicated by the thermometer. He had recently seen a case in which the thermometer did not indicate any rise of temperature as indicated by the thermometer. He had recently seen a case in which a large quantity of pus was removee by section from the abdomen of a boy, in which the thermometer did not indicate any rise of temperature. These two cases seem to show that in purulent poritonitis temperature is not always a practical aid in diagnosis, unless in a negative way.

The President was inclined to think from some of the symptoms reported that this was a case of twisted pedicle, and that the rupture was caused by the twisting of the pedicle, which is quite often the result of the subsequent distension of the cyst walls; if it is weak at any point it ruptures. Darkness in color is one notiseable change found in twisted pedical, and is this was not a case of twisting, there was great resemblance in the symptome and those of cases he had seen, viz., rapid distension of the abdomen, increased temperature, symptoms of peritonitis, and suppression of urine. In case the ruptured cyst was dependent upon twisted pedicle it might account for the separation of the adhesion, which was found. The mere fact

of the movement of the body which was advised against might have precipitated a turn of the tumor upon itself, which led to the rupture by a diffusion of blood. He thought it a very interesting case and one calling attention to the necessity of insisting upon early interference in all cases where there is a supposed tumor of the abdomen, accompanied by the symptoms mentioned. And where the operation is done early there is very little difference in the fatality as compared with the operation done without peritonitis being present.

Dr. Newman said, in conclusion, that he did not think twisted pedicle was present in this case. The adhesions of the upper part and sides of the tumor were of such a nature that there could be but slight twisting of the base on the pedicle, and if it had occurred as a factor in separating the adhesions it must have returned to its normal position again, for the tumor when found, occupied its usual position.

Dr. Strong said he was sure the pedicle was not twisted. There were two points of attachment to the tumor, one adhering to the base of the mesentery on the right side, the other to the sigmoid flexure, both old adhesions, and the points of attachment so located that it would be impossible for the pedicle to be twisted.

The President wished to know how the dark color was accounted for.

Dr. Strong said that it looked at first very much like a uterine tumor, being thick and vascular. It was a light mahogany color, but was not such a color as is found in a strangulated gut.

Dr. Etheridge said, in reference to the lack of correspondence between the temperature as indicated by the thermometer, and a high degree of inflammation, that the temperature will often be found in cases of peritonitis to be sub-normal. In cases of gonorrhea in the female, complicated by pelvic peritonitis, physicians are often misled by the fact that the inflammation which produces great pain in the abdomen is not accompanied by a temperature which would lead him to suppose that peritonitis is present, thus causing him to erroneously rule out the possibility of there being peritonitis.

Dr. G. W. Webster exhibited a convenient

Case of Antidotes For Poisons, With Stomach Tube.

He said that in his limited experience in the treatment of patients who had taken poison either accidentally or otherwise, he had often found it difficult to procure the proper antidotes quickly enough and in a suitable form. It was this that led him to devise this case, intending at the time to have only one made for his own use. The case itself contains a pamphlet concerning poisons and their antidotes, a stomach tube, and the following drugs: ether, ammonia carbonate, nitrite of amyl, apmorphia, sulphate of atropia, brandy, camphor, animal charcoal, chloral hydrate, chloroform, digitaline, dialyzed iron, sulphate of iron, tr. of chloride of iron, mucilage, calcined magnesia, sulphate of morphia, iodide of potassium, liquor potassæ, acetate of strychnia, chloride of sodium, sulphuric acid, tannic acid, sulphate of zinc. The atropia, morphia, apomorphia, strychnia, and digitaline have been made up in compressed tablets and combined with soda so that they can be given hypodermically.

Dr. J. Frank exhibited a specimen of

Degenerated Right Kidney,

with a brief history of the case. Thirteen weeks ago, lithotrity was attempted on a man sixty-nine years old. The lithotrite broke, and the next day lithotomy was performed. The patient did well for about three weeks when he seemed to fail again, and pus appeared in the urine. Then he got better and the pus disappeared. But a relapse came and he died. During the time he was voiding pus, Dr. Frank had made microscopic examinations to find casts, but was unsuccessful. There was total degeneration of the medullary substance of the kidney exhibited, while the other one was full of renal calculi.

The President remarked that the degeneration of tne kidney was so great that tube cast formation would be impossible.

Dr. Tilley exhibited a sample of

Lanoline.

which he obtained through favor from Frazer & Co., of New York. He said lanolin had been brought prominently before the medical public by the researches of Prof. Oscar Liebreich, of Berlin, and its clinical applications by Liebreich and others. The substance exhibited, you will observe, is of a yellowish brown color, and of a plastic consistency. The upper layer is darker than that immediately beneath. Its odor is slight, but sui generis. Liebreich says it should smell like wool. It is found in practically all the keratine tissues of the animal economy, but the commercial article is undoubtedly obtained from wool. The sample he supposed to be a mixture of equal parts of pure lanoline and water. Liebreich calls it a cholesterin fat, that is, a substance composed of fatty acid

and cholesterin. The more commonly recognized animal fats being, of course, compounds of fatty acid and glycerine. He promises later to give us its exact chemical composition. The special point of interest about it to us as physicians, is, that it seems to be absorbed by the integument with much greater facility than the substances now in general use as a basis for ointments. In the British Medical Journal of Feb, 13, 1886, a number of formulæ are given, being so far, the result of Prof. Liebreich's observations as to the most convenient method of associating it with other substances. He there refers to several clinical cases of interest, psoriasis, favus, and eczema. He regards it as an excellent base for blue ointment. He claims that when a small quantity of a sublimate ointment of 1 in 1000 made with lanoline is rubbed on the skin, that in a few minutes the characteristic metallic taste of mercury appears in the mouth, and from this and other observations, concludes that all toxic agents should be used, when associated with lanoline, with great caution.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, Thursday, February 4, 1886. The President, B. F. Baer, in the chair.

Cases of Laceration of the Cervix Uteri with Unique Symptoms.

Dr. Chas. Meigs Wilson.—The histories of the following cures are brought before the society in order, first, to record what the writer believes to be unique symptoms of the lesion, and secondly to elicit discussion in reference to the reflex nervous symptoms of the lesion, and if possible to draw the line of demarcation between them and the nervous phenomena of alienation. But a few years back we were given the doctrine, ex cathedra, that lack of contour of the cervix nteri was the principal cause of that train of nervous symptoms of which the histories here cited contain unique examples. Prior to this the clitoris was supposed to be the source of all the trouble. And now that spaying has become the fashionable surgical procedure, the ovaries have been given the precedence in the causation of the grave reflex nervous symptoms attendant upon pathological conditions of the pelvic viscera. Statistics have pretty well proven that in a large majority of cases destruction of the natural contour of the cervix has been the starting point of pelvic distress in a large number of such cases. The subinvolution with the subsequent conditions of prolapsus, hyperemia, hypergenesis of tissue, ectropion of the cervical mucosa, and the inflammation set up by friction of the everted cervical mucous membrane against the posterior vaginal wall, which frequently occurs in neglected cases of laceration of the cervix are undoubtedly the primary factors of pelvic irritation in many cases, and it is easy to see how this condition may set up pathological conditions of uterus, Fallopian tubes and ovaries, secondarily. To say precisely what is to blame is a very difficult matter. The following cases are selected from a large number operated upon by Dr. E. Wilson in private practice, and by the author in the surgical wards of the Philadelphia Lying-in Hospital.

Case I. Mrs. McF., aet. 32, married, mother of three children presented herself at the clinic of the Lying-in Charity with the following symptoms. For the past year she had noticed a tumor about the size of a small fetal head in the right lumbar and the right half of the umbilical region. The tumor was perfectly smooth, non-nodulated and freely movable in the abdomen. She had had obstinate constipation, a good deal of vesical irritation; at one time had had a sanguineo-purulent discharge from the vagina, this had entirely ceased for the last seven months. She complained of deep-seated darting pain in the lower part of the abdomen, backache, intense cephalalgia and photophobia. Her last child had been delivered fourteen months previously with instruments. She had been under the care of a prominent gynecologist who had diagnosticated floating kidney and recommended extirpation. After a careful examination, in which I was aided by several professional friends, the diagnosis previously made was concurred in. A careful chemical and microscopical examination of the urine failed to detect any abnormal constituent. It was then determined that laparotomy for removal of the kidney, or cutting down upon it and stitching in proper situ, would be alike unjustifiable. Upon making a more careful examination, including the uterus, the patient was found to have an extensive bilateral laceration of the cervix. The contour of the cervix was restored, and although the patient still has her floating kidney, all her distressing symptoms have ceased.

Case II. Mrs. S., æt. 32, married, mother of two children; pelvis slightly contracted antero-posteriorly. Both children were delivered alive by forceps. This patient was sent me by her regular attendant, with the

diagnosis of cancer of the rectum. She suffered greatly from backache and headache, was constipated, passed ribbon stools, and had agonizing pain upon defecation. She had slight vaginal discharge, and a coffee-colored, foul-smelling muco-purulent discharge from the rectum. Rectal examination revealed an ulcerated surface, extending apparently for about an inch and a half in length completely around the rectum, about three inches above the anus. Small portions of the granular surfaces of the ulcer revealed, under the microscope, no evidence of malignant growth. Specular examination of the vagina showed extensive bilateral laceration with acute retro-flexion. The woman presented no evidence of cachexia. The uterus, though closely bound down by adhesions, was finally restored to its proper axis. After several weeks the contour of the cervix was reformed. Simple astringent applications were made four or five times to the rectal ulcer. The patient made a complete recovery, and has had no return of symptoms since the operation.

Case III. Mrs. C., æt. 22, mother of one child, with history of tedious instrumental labor. This patient suffered from violent ovarian neuralgia, augmented at the catamenial periods. She had a profuse leucorrhea, engorged uterus and enlargement of the right ovary. She also suffered at times from suicidal dementia, which was sometimes so violent that she required restraint. Her case had been diagnosticated pyo-salpinx, and oophorectomy advised. Examination revealed an extensive bi-lateral laceration of the cervix, extending on the left side to the vaginal junction. The cervix was restored with complete cessation of all symptoms. Examination six months after the operation failed to find tenderness or enlargement of the right ovary.

Case IV. Mrs. S., æt. 37, married, mother of five children. This patient had been incarcerated in a private asylum for fourteen months, suffering with violent dementia. She had the typical appearance of alienation. No clear history could be obtained of her symptoms except that she had distressing pelvic pain and profuse leucorrhea. Examination showed extensive laceration of the cervix. Trachelorraphy was performed with immediate amelioration of the symptoms. Two months after the operation she was restored to her family completely well. A year or more has elapsed since the operation in each of the cases and the relief afforded has thus far been permanent. These cases appear to the author to have had unique symptoms, following and consequent upon the lesion, though doubtless, those with more extended chances of observation here met with cases presenting analogous symptoms.

Dr. Joseph Price made some remarks upon the effects of cicatricial tissue in the edges and at the apex of the laceration, on the effect of the laceration in inducing local engorgement and hypertrophy,and thus a long series of consequential symptoms. He spoke of the value of rest and local treatment for the relief of these symptoms, but the relief so obtained is temporary, it will last but a few months, and sooner or later, after the patient is discharged as cured, the same symptoms recur. If the cicatricial tissue is not all removed, and complete union secured throughout the entire thickness of the cervical tissue, the symptoms will return or even be aggravated by the operation. In his experience, conception results after operation in young women.

Dr. Howard A. Kelly remarked that he was glad to hear of the good results in Dr. Wilson's cases, as a year or more had elapsed. He thought cases of laceration of the cervix might be arranged in three classes; Ist. When the cervix although lacerated remains soft and flaccid there will be no consequent symptoms. 2nd. When cicatricial tissue is developed or ectropion is present, marked reflex symptoms will ensue. 3rd. When there has been natural repair but with inclusion or formation of hard or scar tissue, there will also be be marked reflex symptoms. To this latter class belong those cases, with hypertrophied glands and everted lips, of so-called erosion. The second and third classes must be relieved by rest and local treatment, and then operated upon to keep them well. Complete removal of the hard tissue, and perfect union of the coaptated edges must be secured. Failure in either of these points will cause a return of the symptoms.

Dr. Baer remarked that the symptoms were not due to the laceration but to its inflammatory consequences. To secure a good result the inflammatory condition must first be subdued and then the operation of closing the laceration will be in order. It may take a long course of treatment to secure this necessary condition, but operation will probably fail to secure the desired relief without the preparatory treatment. I have found in some of these unsuccessful cases, union of the external surface only, and in others fistulous tracts between the suture points. Cicatricial tissue seems to be sometimes formed after operation when union occurs by granulation. Simple laceration without ectropion is very rare,

and he would advise repair of the laceration in all cases to prevent future resultant inflammatory conditions. It is desirable to have union by first intention to avoid formation of cicatricial tissue and suture track fistules.

Dr. Wilson spoke of the choice of method in preparatory treatment. Local treatment once a week will often fail to have a good effect when a week or ten days in bed, with douches of hot water and glycerole of tannin on pledgets of cotton applied daily will accomplish rapid relief of the local condition. Great care should be exercised in the removal of tissue as complete closure of the cervical canal may happen. He has seen two such cases which were detected at the next menstrual period after the operation. The passage of a spear-pointed probe gave vent to dark grumous material.

[TO BE CONTINUED.]

CORRESPONDENCE.

NEW YORK LETTER.

New York, March 14, 1886.

Editor Review: The morning journals announce the death of Dr. S. Oakley Vanderpoel, for many years prominent in state and city medical circles. He commenced practicing in Albany and afterwards filled the chair of General Pathology in the faculty of the Albany Medical College. From 1857 to 1862 he was Surgeon General of the state. He also served a term of six years as Health Officer of the port of New York. In 1880 he went abroad as a delegate to the International Medical Congress. At the time of his death he was professor of Public Hygiene in the University Medical Faculty here. During the "Code" warfare of a few years ago he was one of the advocates of the "new" doctrine. He died in Washington after a very brief illness.

Apropos of the position of Health Officer of the port, it may be said that the term of the present incumbent, Dr. Smith, has expired, and that Governor Hill has nominated, to fill the vacancy, Dr. Chas. Phelps. Dr. Phelps is one of the attending surgeons to Bellevue and St. Vincent's Hospitals, and in every way qualified to hold the position. The annual income during the last few years from the office has been, according to Dr. Smith's own figures, over twenty-five thousand dollars, and there are other legitimate means whereby the remuneration may be even greater. The political importance of this position lies in the fact that the incumbent is, ex officio, a member of the City Board of Health, and has at his disposal one-fourth of the patronage of that body. This may sound like a very queer combination of medicine and politics, but it is the way things are done here. Governor Hill has also nominated Dr. John H. Douglas, General Grant's physician, to be Quarantine Commissioner. There is little doubt but that the State Senate will confirm both nominees.

At the last meeting of the Pathological Society the most interesting specimen was presented by Dr. Sims. A patient of his had suffered from general nervous symptoms, which at times were exalted into great pain and even intense agony. Many things were done for her relief without much avail. Finally it was discovered that there were scattered over the abdomen several small, button-like bodies, apparently beneath the skin and in the fat of the abdominal wall. Dr. Sims styled them fatty neuromata. Their removal caused a perfect abatement of symptoms. The idea was, that the superficial nerves were concerned or entangled in the growth. Dr. Sims had not heard of nor had he seen recorded a similar case.

The Pathological Society has received from Dr. Middleton Goldsmith, of Rutland, Vermont, and a former member, the sum of two thousand dollars and will eventually receive three thousand more from the same source. The holding of this money will necessitate the incorporation of the society. It has been voted to add to the amount received one thousand dollars from the treasury, and an effort will soon be made to establish a society lectureship.

Work has been commenced on the Sloane Maternity of the New York College of Physicians and Surgeons. The plans for the new college building have also been approved by the Building Bureau, and work will be commenced as soon as the weather may permit.

The annual commencement of the university was held about a week ago. Some one hundred and seventy-five diplomas were conferred. The annual address was delivered by the Hon. Wayne McVeagh, of Pennsylvania. The Bellevue commencement occurs in about a week.

During the past week the Post-Graduate School has had a dinner at which much mutual congratulation and praise was expressed by the different members of the faculty. New York was depicted as the medical center of the country and the Post-Graduate School as a sort of nucleolus to the nucleus. It now remains to be seen what the Polyclinic will do to meet this new move of its rival, for, while good work is done at both institutions, they rather remind one of rival firms in the clothing business which, by advertising, strive to outdo each other.

Still another new journal claims attention. It is called the "Nightingale," and is devoted to—

not music, but nursing. Its editor is Dr. Sara E. Post, a lady of high professional standing.

Dr. Roosa, the oculist, recently read a paper before the academy on Limitations in the Value of Glasses for the Improvement of Vision and the Relief of Disease. He closed with the following sensible remarks: "Our imperfect knowledge does not as yet always enable us to say what are all the factors in a given case of disease. That there are often many and seldom one alone is scarcely to be denied. A narrow specialism will never find any comfort in the study of the woes of the body." J. E. N.

ITEMS.

—Dr. O. W. Holmes says that charlatanism always hobbles on two crutches—the tattle of women and the certificates of clergymen. (Independent Practitioner.)

—Have the interests of the Medico-Chirurgical Society of St. Louis been advanced by the securement of permanent quarters in the hall of a medical college? Seek the answer in the stars.

—The St. Louis House of Delegates proposes to reduce the population of the Insane Asylum and Poor-House by publishing a list of the inmates in the annual report of the Health Department.

—The air is full of rumors regarding a new medical school in St. Louis. The nebular state has not yet been passed. The faculty has not yet been completed. As a name, we have heard that the projectors have under consideration "Beaumont Hospital-Medical College."

—"There shall be wars and rumors of wars" in the coming St. Louis meeting of the Am. Med. Association—at least from present indications. (Kansas City Med. Index.)

"There shall be wars and rumors of wars" in the St. Louis Med. Society. Send the order out along the lines, "Let us have peace." So say we all!!

—The St. Louis Quarantine Station and Small-Pox Hospital has had no patients for some time. The Medical Othello's occupation being gone, his staff of watchmen on Wednesday came to his aid and secured a case by engaging in a riot by which one of their number, an Italian gentleman, by name McCaw, received a gun-shot wound which "McCaws" his death at any time, in which event hostilities may be renewed at any moment, as it is understood that the watchmen are very loyal to their medical officer and are determined he shall not lose his position on account of having nothing to do.

—Mountain and Sea-air.—Highly nervous persons, the victims of hypochondria, those suffering from excessive brain-work—above all, those in whom these conditions are found in conjunction—should not, as a general rule, be advised to try the sea-side. A quiet inland locality, or some mountainous spot of moderate elevation, will be found to suit their cases better. The monotonous aspect of the sea and the ceaseless beat of its waves are mentally distressing, while the highly strung neurotic patient is irritated instead of braced by the stimulating effects of the sea-air. Those who are just recovering from a serious illness, such as pneumonia or typhoid fever, should not be sent prematurely to the sea-side, as an accession of febrile symptoms is frequently the untoward result. An inland locality is more suitable during early convalescence; but, later on, nothing conduces more to complete cure than a resort to the sea-side. The marvellously restorative effects of sea-air in cases of slight general debility, in persons of strumous habit, and in those with family predisposition to phthisis, are well understood, and must not be regarded as being in any degree impugned by the opinions expressed in the present article.—British Medical Journal.

—Melampus was one of the earliest alienists. Shepherd and seer, he was likewise a physician. Thus we see how he cured the daughters of Proetus, King of Argos. These young women, or rather old maids, imagined that they were cows, and wandered over the country on all fours, bleating for calves. In their monomania they were followed by numerous other ancient virgins of Argos. Melampus mixed Helle-bore with the milk and followed the girls up with several vigorous companions. They were afterwards bathed in the "Clitoridienne" fountain and recovered their health, although several of the young ladies had twins. Proetus afterwards gave one of his daughters in marriage to Melampus, along with one-third of his kingdom. Melampus claimed the same reward for his brother Bias. Melampus learned medicine in Egypt, but did not belong to the sacerdotal class, as is evident by the rather eager manner in which he followed up the daughters of old Mr. Proetus. (Cincinnati Lancet-Clinic.) [There was nothing small about Dr. Melampus though he did not act in this instance without Bias. Were it not "virgin" on the facetious we would suggest that he probably, before serving the Helle-bore to the ten virgins, if ten was their number, remarked to himself, "Melampus" trimmed and burning. We respectfully refer the matter to the "Alienist and Neurologist."]

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REPORTS ON PROGRESS.

REPORT ON DISEASES OF CHILDREN.

BY I. N. LOVE, M. D.

I. THE GALVANO-CAUTERY IN DIPHTHERIA (*N. Y. Med. Record*).

II. TREATMENT OF CROUP (*Med. Bulletin*).

III. ACUTE INFANTILE BRONCHITIS (J. Lewis Smith, *Med. News*).

IV. INCONTINENCE OF URINE IN CHILDREN. (*Therapeutic Gaz.*)

I. THE GALVANO-CAUTERY IN DIPHTHERIA.

As startlingly severe as this means of therapy may seem, it yet has been tried by one or two bold physicians on the Continent, and, as was to be expected, they are enthusiastic in its favor. It appears to have been used nearly thirty years ago, but we can easily fancy that in spite of reported cures it was not tolerated and speedily fell into disuse. Nor do we believe that it will ever become, with parents at least, a popular remedy in the treatment of our most powerful foe, diphtheria. They will look upon it just as they would regard the actual cautery—as a "red-hot iron"—much as they now regard tracheotomy, as "cutting the child's throat."

The only definite information concerning this measure is by Tedeschi, of Trieste, and Bloebaum, of Coblenz. The latter had used this agent in similar pathological conditions in ophthalmological practice. He assured himself that the galvano-cautery (the wire loop) does not produce inflammation, but is an antiseptic, leaving the necrosed parts harmless and powerfully stimulating the underlying tissues to healthy growth. He regards it as the only true and certain parasiticide.

Tedeschi gives a well written account of the actual application of this method of cure. The pain inflicted is slight. A cocaine spray has not been deemed necessary. When the pseudo-membrane is touched with the heated wire loop it curls up, finally sloughs off, and the ulcerated surface does not reproduce the patch. If the whole exudate is removed in this way, the process does not extend beyond the limits of its former margins. After the above procedure, the fever, edema and glandular swelling all disappear. The period of the coming away of the eschar varies from the eighth to the eighteenth day. The immediate after-treatment is limited to swallowing chipped ice. Later, benefit may be derived from the customary steam and lime-water sprays and gargles.

The great advantage claimed for this method over the use of chemicals is in its perfect localization. Any solutions to be of great power must be so concentrated as to irritate surrounding tissues. Toleration by the latter necessitates a solution so weak as to be practically useless. A specific ulcer is by the cautery converted into a simple one—so say the advocates of the new method.

It will at once be seen that this idea premises a view of the nature of diphtheria which is still under discussion, and by many competent minds rejected, namely, that the disease is primarily a local one, and that constitutional symptoms arise from septic absorption through the lymphatic channels. Whether this be true or not, we know that many cases present themselves in actual practice where there can be no doubt as to the diagnosis, and yet where the throat does not present any exudation—in other words, where

there is no indication for the use of the cautery. We do not think that under any circumstances the cautery method of treatment will become popular in American medical practice. It must be looked upon as a therapeutic curiosity, and rather a forbidding one at that.

[Were diphtheria only a local disease the above plan would be objectionable on account of its great inconvenience, and the difficulty of application to those who most frequently are its victims, very young children. Indeed local treatment is, as a rule, almost impracticable, and, in my judgment, bears about the same relation to this disease that it does to the local or primary lesion in syphilis. The local treatment should have in view the comfort, cleanliness, and the securement of inocuousness to the accompanying secretions and discharges.]

II. Treatment of Croup.

Professor N. S. Davis points out that the treatment of all forms of croup must be directed to accomplish three objects, namely, to lessen the morbid sensibility or irritability of the inflamed structures, to lessen the congestion or vascular fulness of the early stages, and to hasten the disintegration and removal of the exudation which occurs in the later stages of the disease.

All of these indications can be fulfilled in the mild or superficial form of the disease by the administration of the following prescription:

℞ Syr. ipecac. - - ʒiv.
Syr. scillæ comp. - ℥iss.
Tinct. opii. camph. - ʒij.

M. Sig. Half teaspoonful every three or four hours.

If the skin is hot and dry and the urine scanty, the patient should also be given a grain of calomel to be followed in three or four hours with a saline laxative.

In more severe cases in which the inflammation involves the mucous membrane more deeply, and by producing considerable tumefaction interferes with the entrance of air into the lungs prompt relief is necesssry. When called to a case of this kind, Professor Davis invariably administers two or three grains of turpeth-mineral, which seldom fails to produce free vomiting in from fifteen to forty-five minutes. If it fails to do this he repeats the dose at the end of forty-five minutes. After the child has vomited freely it should be placed upon the preceding anodyne and expectorant mixture, and its bowels opened by calomel and salines.

If the paroxysms of dyspnea and coughing again become severe, the same emetic should be re-administered and the throat kept covered with cloths which have been dipped in an infusion of aconite leaves. In robust children a few leeches may be applied to the neck during this stage with decided benefit.

In the membranous variety the treatment should be conducted upon the same principles, but pursued more energetically,especially in the early stage. A prompt local bleeding by leeches, and free vomiting by the subsulphate of mercury should commence the treatment, and be followed by a cathartic dose of calomel and bicarbonate of sodium. Then the anodyne expectorant mixture, previously mentioned, should be given alternately with alterative doses of calomel combined with nitrate of potash every one or two hours. The emetic should be repeated in from three to six hours, according to the degree of dyspnea, and the pharynx and larynx should be sprayed every hour with a solution composed of thirty minims of dilute lactic acid and three ounces of water. If these measures prove ineffectual to give relief, tracheotomy should be performed without delay.

In all cases the temperature of the room should be kept at about 70°, and the atmosphere rendered rather moist.

In some cases where medicinal measures have given partial relief but the disease lingers for days, one or more small blisters may be applied over the larynx with benefit. Cases occasionally occur in which, after the acute stage has passed, there remains a harsh croupy cough, with sufficient tightness in the larynx to indicate that the tumefaction of the mucous membrane is subsiding very slowly.

In such cases Professor Davis usually orders:–

℞ Potassii iodidi - - - ʒiiss.
Tinct. sanguinariæ - - ʒiv.
Syr. scillæ comp. - - ℥iss.
Tinct. opii camph. - - ℥ij.

M. Sig.—One teaspoonful every four hours.

In localities where periodical or malarial fevers prevail, the following prescription may also be given during coescence:—

℞. Tinct. capsici - - - - ♏x.
Acidi hydrochlor. dil. - - ʒss.
Quinia sulphatis - - - ʒss.
Syr. glycyrrhiza - - - ℥ij.

M. Sig.—One teaspoonful three times a day.

[In the initiatory stage of croup it is very difficult to determine whether the case be the simplest spasmodic or the membranous variety. An opinion upon this point should be given very guardedly. I believe in either case the treatment should be active and energetic within proper limits. I rarely administer the turpeth-mineral in doses larger than one grain to a child under five years, preferring to repeat the dose at short intervals. I am inclined to think the syrup of ipecac acts quite as well as an emetic and relaxant and subsequently leaves less disturbance to the digestive apparatus. I am very partial to the application of ice cold cloths directly over the larynx, not only in croup but in the active stage of all throat troubles. I heartily endorse the suggestion of leeches in full habited children. In fact I think in the acute stage of all of the inflammatory diseases of hearty children, local blood letting is too little practiced. As a part of the early treatment of membranous croup I cannot refrain from referring to the use of infinitesimal doses of calomel and muriate of pilocarpine frequently repeated and carefully guarded, and the local internal nse of ice.]

III. Acute Infantile Bronchitis

The inflammation has extended to the minute bronchial tubes: the mucous membrane of these tubes is hyperemic and swollen, and actively secreting. On account of the small size of the tubes, many of them become occluded by muco-pus, which acts as a ball-valve allowing the escape of air upward from the alveoli, but preventing its entrance into them. Hence the alveoli connecting with these closed bronchioles become less and less distended with air, undergoing partial collapse, and some of them pass into a state of complete atelectasis. This occurs most frequently in the posterior and depending portions of the lungs.

Another equally serious pulmonary complication often occurs. I refer to catarrhal pneumonia. The inflammation in its progress downward in the most severe forms of the disease, passes from the bronchioles to the adjacent alveoli, usually in more places than one. With the occurrence of this complication, the symptoms are aggravated, the suffering increases, and the prognosis is obviousy the more unfavorable the greater the extent of this complication. Broncho-pneumonia thus occuring is indeed one of the most dangerous diseases of infancy, and one that requires the utmost vigil on the part of the physician, and the most skillful use of remedies, to save the life of the patient. The respiration in severe bronchitis is greatly accelerated, numbering 60, 80, and even 100 or more per minute, and each inspiration is usually accompanied by a moan. The pulse is in a corresponding degree accelerated, and is often feeble; the countenance is anxious and indicative of suffering, and the patient restless.

In this form of bronchitis the indications for treatment are: 1. To promote expectoration, and prevent clogging of the tubes; 2. To diminish the inflamation, and prevent its extension; 3. To strengthen the action of the heart and prevent exhaustion.

In employiug measures to fulfil the first indication, it should be borne in mind that the cough is useful in expelling the mucus, and that patients never do well with severe bronchitis that do not cough often. When asked by parents to prescribe something to diminish the cough, I inform them that the safety of the patient depends on the strength and frequency of this symptom, and that it would be dangerous to put a stop to it by the

use of opiate or other medicines, and I now very seldom combine an opiate with the cough mixture for severe infantile bronchitis. If the infant be allowed to cough every five or ten minutes, and the cough be rendered as loose as possible by appropiate remedies, it will do better, according to my observations, than when the cough occurs at longer intervals. If it requires sleep, I give medicine separately once or twice daily, as in the following formula for a child of one year.

℞ Liq. opii compositi (Squibbs) gr. xij.
Potassii bromidi - - ʒj.
Syr. rubi idæi (raspberry) - ℥ss.
Aquæ - - - - ℥iss.
M. Sig. Dose, one teaspoonful.

I have seen much harm done by employing stupefying agents which, while they produce sleep, also cause suspension of the cough, upon the strength and frequency of which the safety of the infant depends. The very prevalent opinion among the laity that the cough does no good to the infant unless mucus is ejected from the mouth, needs to be corrected. In order to obtain their full coöperation, I often find it beneficial to explain to the mother or nurse the process of expectoration in the infant, so that they understand that the tubes are freed from mucus as effectually when it is swallowed, after the cough, as when it is received upon the handkerchief.

Among the agents to fulfil the first indication mentioned above—that of promoting expectoration with the least possible loss of strength—the first place must be given to the ammonium salts, of which the two in common use are the carbonate and muriate. The carbonate is both a stimulant and expectorant, but its irritating property is such that it should not be prescribed in a larger dose than one grain to the drachm; a larger dose frequently repeated may produce gastritis, especially if there be little food in the stomach. It has been known to produce gastritis in animals when administered in considerable quantity, and its irritating action on the fauces can be noticed by anyone who swallows a solution of two or three grains to the drachm. The Curator of the Foundling Asylum has noticed in the cadaver the ill effects of the more irritating ammonium preparations. In one instance in which the aromatic spirits of ammonia had been employed, it was supposed with sufficient dilution, the extent and severity of the gastritis were such that it seemed as if this agent might have hastened the fatal result. The preferable way of employing this valuable agent, to prevent its irritating action upon the stomach, is to prescribe it dissolved in water, and order each dose to be administered in a tablespoonful of milk. The muriate does not possess the irritating property of the carbonate, and it can be safely administered in double or treble the dose of the latter, and at short intervals. It is therefore, I think, to be preferred to the carbonate in most cases of severe bronchitis, except at an advanced stage, when an active stimulant of the heart is required.

In this connection, I will state my conviction that the ammonium salts, whether the carbonate or muriate, are not given in sufficiently frequent doses in the practice of most physicians, in severe forms of the disease which we are now considering. If there be marked dyspnea, and urgent need that the mucus be expectorated from the tubes which it is obstructing, I think that the effect is better if the dose be administered every half hour instead of every second or third hour. Half-hourly doses are not inconveniently given if the vehicle be milk.

The muriate of ammonium may, like the carbonate, be administered in milk, but the following is with me a favorite formula:

℞.—Ammonii muriat. - - ʒj.
Syr. bal. tolut. - - ℥ij.

Fifteen drops, which contain one grain of the muriate, should be given to an infant of three months, and thirty drops, or two grains, to an infant of six months. Physicians, in my opinion, often defer too long the use of the ammonium salts, using for the first days depressing remedies instead. The infant suffering from dyspnea, and requiring a strong and frequent cough to expel the mucus, may, according to my observations, take the mu-

riate from the first day of the sickness with benefit; and every half hour or hour when it is awake. No harm can result from the use of this agent in frequent doses, and for several days, such as might result from the carbonate.

The ammonium salts tend to increase the frequency of the cough, perhaps by the slight irritation which they produce upon the fauces in the swallowing. The muriate may be employed so long as an expectorant is required, and usually with as much benefit as can be derived from any drug.

As regards the use of those other common expectorants which have long been employed, particularly senega and squills, those have been better observers than myself, who have witnessed any marked benefit from them.

It is so necessary, as a means of relieving the dyspnea, to assist the infant to expel the mucus with which the tubes are clogged, when the respiration is much embarrassed, that an emetic is sometimes proper. One should be selected which causes little exhaustion. The syrup of ipecacuanha may be employed, given with an alcoholic stimulant, as brandy or whiskey. Infants a few months old I have sometimes temporarily relieved by removing with the finger or a swab the mucus that collected upon the fauces. This simple operation produces a forcible cough, and sometimes vomiting, by which a large amount of mucus is expelled.

The necessity of sustaining the strength of the patient, and, at the same time, of reducing the fever, has led to the employment of quinine by many, perhaps most, physicians in the treatment of severe infantile bronchitis. I cannot say that I have noticed any marked reduction of temperature from its use in bronchitis or broncho-pneumonia, but it has seemed to me that it has been useful as a heart tonic. Much harm may, however, be done by employing quinine in the treatment of infants, by the use of doses too large. In the adult, according to the sphygmographic observations of Dr. M. Putnam Jacobi, while quinia in a dose of five grains increases the strength of the heart's contraction, a dose of twenty grains enfeebles the contractile power of the heart in a marked degree. According to Stillé and Maisch, "Poisonous doses occasion dyspnea and noisy respiration, which is also jerking, interrupted, retarded, and finally arrested." (*National Dispensatory*) A dose too large, therefore, would be likely to produce just such symptoms as occur in severe broncho-pneumonia. To an infant aged one year, with this disease, I do not give a larger dose than one-half grain to one grain of the sulphate of quinia, every fourth hour, as in the following formula:

℞ Quiniæ sulphat., - gr. xij.
Ext. glycyrrhiz., - - ʒss.
Syr. pruni Virginianæ, ℥ij.—Misce.

Quinine, however, administered to an infant is very likely to cause vomiting from its bitterness, a result which I do not regret in the treatment of capillary bronchitis, because it causes the expectoration of considerable mucus. The second or repeated dose is usually not vomited. It is difficult to appreciate the beneficial effects of quinine in this disease, but that it does increase the contractile power of the heart seems probable.

If the temperature rise above 103°, if the infant have a full and strong pulse and flushed face, and if the lungs are not involved, or but slightly inflamed, antipyrine may, according to my experience, be safely administered, in proper dose, and with beneficial effect as regards the febrile movement. It should not be administered at stated intervals, but according to the temperature, so that, perhaps, only one or two doses daily may be sufficient. When the lungs are implicated, and the patient has severe broncho-pneumonia, I have seen such pallor from a single dose of antipyrine, in one instance, that I did not dare to repeat it. It seems to me, therefore, that there should be a careful discrimination in regard to the cases in which it should be employed, so that, while vigorous infants, with severe bronchitis, without pneumonia, or with but slight pneumonia, are benefited by its use, feeble infants, with weak pulse or with extensive pneumonia, and young infants, incur too great risk to justify the employment of this

agent, until its exact therapeutic effects are more clearly ascertained.

When the pulse is becoming more rapid and feeble from the extent and severity of the inflammation, the use of digitalis is indicated as a heart tonic. Not infrequently in severe bronchitis, with the minute tubes clogged with muco-pus, the heart is taxed to the utmost to carry on the circulation. Digitalis may furnish the needed assistance by increasing the contractile power of the ventricles. It is, therefore, an important remedy in a large proportion of cases of this form of bronchitis. Two drops of the tincture of digitalis may be given every second hour to an infant of eighteen months, during three or four days, or longer, if the action of the heart be oppressed so as to require it. But no one of the medicines which I have mentioned is more urgently needed in severe infantile bronchitis than alcoholic stimulation. It may be employed at an early stage when the heart begins to fail, without fear of increasing the inflammation. A rule with me is to give two or three drops of brandy or whiskey for each month in the age of the infant after the third month. It should be given hourly, or each second hour, by day and by night, when the infant is awake.

[The first part of Dr. Smith's article refers to the management of mild bronchitis—and of course the treatment is mild—many cases requiring a masterly inactivity, mild expectorants, etc. The points made against the use of opiates and in favor of the muriate of ammonia in the severe forms are well taken. In the consideration of the severe forms, due attention is paid to the dangers of heart failure, reference being made to the advantages of digitalis, also of alcoholic stimulation, but I think a more emphatic regard should have been given the latter; in fact in severe bronchitis and catarrhal pneumonia of children as well as adults I deem judicious alcoholic stimulation of vital importance. Dr. Wm. Porter, of St. Louis, takes strong ground in favor of this position.

The article closes by observations on local treatment, the doctor taking strong grounds against leeching and in favor of the advantages of poulticing and mild counter irritation. No reference is made to the fact that frequently in infants malarial poison is manifested by a bronchitis of more or less severity with distinct periods of exacerbation and aggravation which can only be relieved by antiperiodic doses of quinine; this omission may be due to the fact that in the East such cases are not observed. In the West and South, however, where malaria is an ever-abiding force, the cases are so numerous as to make it not unsafe to say that malaria in infancy is frequently so expressed. Anything from the pen of J. Lewis Smith will well repay reading, and the article I have referred to is exceptionally good.]

IV. Incontinence of Urine in Children.

There is scarcely any disease occurring among children more annoying and troublesome than incontinence of urine. It is particularly vexatious to parents, and is often regarded by them as an incurable infirmity. After their patience has been long tried, they abandon one remedy after another and look forward to puberty, when, they are told, the disease may depart, never to recur.

According to Dr. Day (*Brit. Med. Jour.*, Feb. 13, '86), failure in treatment is frequently owing to an erroneous diagnosis of the affection; to the inefficiency with which the treatment is carried out; to its being discontinued too soon. Among the causes of enuresis, the following may be enumerated. If the urine be excessively acid or loaded with urates, the bladder becomes overstimulated and readily discharges its contents; if the bowels be habitually costive, or there be worms in the intestines, vesical irritation may ensue; or, if the child be guilty of masturbation, there will be no chance of cure until the habit is corrected. Weakness of the muscular coat of the bladder from general debility or anemia is a very common cause; the bladder, not being able to tolerate any quantity of urine, readily excites the motor apparatus. Dr. Day has known a troublesome case follow typhoid fever in a boy ten years of age. If

the disease be owing to a long prepuce, causing phimosis, it should be removed. Sometimes no cause can be ascertained. Children two or three years of age frequently wet the bed, either from laziness or from lack of control over the bladder. It is important to remember that, even though the secretions are in perfect order, the incontinence may continue, and thus a habit may be formed which the poorer classes and stern people occasionally endeavor to correct by punishment. In some idle and dirty children such a course may be of benefit; but in others who are nervous and timid there is a possibility of increasing the evil we desire to remove.

Enuresis is sometimes seen in connection with chronic albuminuria, and is occasionally so persistent as to require special treatment. It seems impossible to lay down a plan of treatment for general adoption; the peculiarities of constitution and habits of life must be taken into consideration, and hap-hazard treatment guarded against. Some cases are cured or relieved by the combined influence of electricity, iron, and belladonna. The successful issue is in a great measure attributable to the constant care which the mother takes in feeding the child and rigorously attending to the physician's instructions. Those cases that date from birth or have lasted upwards of a year are invariably intractable and often incurable, especially if the child be of nervous parentage, or was delicate when born, or passes large quantities of urine. With respect to the utility of faradism there can be no question; it requires to be used regularly, and to be continued for a considerable time, but it sometimes fails altogether. When the nervous system is weak, and there is general debility, the sphincter loses its power, and urine escapes by night and day without the child's knowledge. It is in such cases as these that iron and nux vomica are of service.

If there be excess of muscular action, and the child have frequent inclination without power of control, belladonna is an admirable remedy. It occupies a prominent place as a therapeutic agent, and sometimes, when combined with iron, even in small doses, it seems to do good; but it should not be given up in obstinate cases, till either soreness of the throat is produced or dilatation of the pupils takes place. In Dr. Day's hands it has often failed when administered in any form or dose. It certainly tends to lessen irritability of the bladder, and should always have a fair trial.

Cold sponging in the morning is very serviceable in cases of enuresis that appear to have their origin in general debility. It braces up the nervous system and is a powerful tonic. The slight sensation of chilliness soon passes away without leaving any depression if vigorous friction with a towel be employed for a few minutes. In a case under Dr. Day's care about three years ago, the cure was attributed to this simple measure when one remedy after another had failed. The vital functions are brought into a healthier state, the skin acts better, and the appetite and digestion improve. However delicate a child may be, free sponging in tepid water, followed by a good rubbing, is of great value.

[The relief of so distressing and annoying a trouble as nocturnal incontinence of urine, has established the name and fame of more than one physician in his community, and information upon this point is very acceptable to the profession.

I think sufficient stress has not been placed upon preventive measures for this trouble. We physicians do not interrogate the kidneys of our patients as much as we should do. We should not watch the feces less but the urine more.

I think many times an irritating urine leaves a chronic irritation of the neck of the bladder, which might have been avoided by being anticipated. I think we should not only teach the parents of our little patients to drink more water, but also teach them to teach their babies to become water drinkers.

The kidneys and bladder need the soothing, cleansing and healing effect of free flushing quite as much as the bowels.]

—Dr. Robert Withers, the well known New Zealand surgeon, has promised to visit St. Louis next month.

MEDICAL JURISPRUDENCE.

BY GEORGE WALKER, ESQ.

I. Civil Liability of Physicians and Surgeons for Negligence.

Physicians and surgeons, like all other workmen, are now, under certain circumstances, held liable for the results of their labor. The underlying principle is that any man who undertakes to perform such services impliedly warrants that he shall perform them with a degree of integrity, diligence and skill, such as those employing him have reason to expect. Under the old English law, a physician, like an advocate, was by an ancient fiction supposed to render his services from purely philanthropic motives, and could not recover fees by any legal process, though as the books say, a "mere" surgeon has a legal right to sue for and recover the value of his services. In accordance with these principles, it was held that a physician was only liable for his negligence up to the point where one would be, should he gratuitously try to help another, while a surgeon or apothecary was subject to the usual rules of liability, governing those, who profess and undertake to do something in a proper manner.

But in America, there never appears to have existed any such distinction, the courts having uniformly held that physicians and surgeons alike are liable for their negligence, and can sue for the value of their services subject to that defense on the part of their client.

It might not be uninteresting to the profession to know to what extent they are liable for damages, or where they cannot recover fees when they practice upon humanity.

The whole principle governing the liability and recovery above mentioned is well summarized by the Supreme Court of Illinois, when it says that "If a person holds himself out to the public as a physician, he must be held to ordinary care and skill in every case of which he assumes charge, whether in that particular case he had received fees or not."

Ordinarily the attorney does not guarantee, on undertaking a case, that he shall win it, nor does a physician or surgeon undertake that he will perform a cure, but both are held to a reasonable degree of care and skill. True it is, both an attorney and a physician may contract for results—that is, a surgeon may undertake to remove a limb, a physician to cure a disease, an attorney to foreclose a mortgage. Then it would be a case of guaranty, and if either undertakes without sufficient skill, or applies less than the occasion requires, the doctrine of imperitia culpae admuneratur would prevail against him.

But, of course, no such rule applies to ordinary practice.

A New Hampshire case decided in 1853 by the Supreme Court of that state discusses the subject very fully and furnishes some valuable matter. We quote: "The uncertainty of the law is almost proverbial. Probably that of the medical profession is not less. Many sects among them entertain different and almost irreconcilable theories as to the nature and mode of treatment of disease. Among all these it seems to be conceded that the characters and symptoms of disease vary in persons of different ages, sexes and habits of life and of different natural or acquired constitution; and that the treatment of diseases, and that of wounds and fractures, must be more or less varied with the changes of climates and seasons, and with the peculiarities of persons and places. And that cases of sickness and accident, apparently similar, may yet be rendered substantially different by seemingly slight circumstances, easily overlooked, and sometimes difficult of detection. If this is so, the doubts and uncertainties which surround the medical and surgical practitioner, and the errors and mistakes to which he is unavoidably exposed, may well furnish a satisfactory explanation of unfavorable results, where a jury are satisfied of the reasonable skill, diligence, attention and care exhibited in the treatment. To charge a physician or surgeon with damages, on the ground of unskilful or negligent treatment of his patient, it is never enough to show that

he has not treated his patient in that mode, nor used those measures, which in the opinion of others, even medical men, the case required: because such evidence tends to prove errors of judgment, for which the defendant (physician) is not responsible, as much as the want of reasonable care and skill, for which he may be responsible. Alone, it is not evidence of the latter, and therefore the party must go further and prove by other evidence that the defendant assumed the character, and undertook to act as a physician, without the education, knowledge and skill which entitled him to act in that capacity; that is, he must show that he had not reasonable and ordinary skill; or he is bound to prove, in the same way, that having such knowledge and skill, he neglected to apply them with such care and diligence, as in his judgment, properly exercised, the case must have appeared to require; in other words, that he neglected the proper treatment from inattention and carelessness."

The foregoing remarks were made in a case where a surgeon was sued for failing to cure injuries caused to the ankle and foot of a person thrown out of the carriage. The jury mulcted the surgeon in the sum of $1,500, but the Supreme Court granted him a new trial, and properly so, if the rule expressed herein before is to be observed in adjudicating such cases.

In another case decided by the Supreme Court of Pennsylvania in 1853, the occasion being where a surgeon was sued for damages for malpractice in setting and treating a broken leg, the court expressed itself similarly, yet however, showing in what cases the rule might be modified. It says: "We have stated the rule to be reasonable skill and diligence, by which we mean such as thoroughly educated surgeons ordinarily employ. If more than this is expected, it must be expressly stipulated for, but this much every patient has a right to demand in virtue of implied contract, which results from entrusting his case to a person holding himself out to the world as qualified to practice this important profession. If a patient applies to a man of different occupation or employment for his assistance, who either does not exert his skill or administers improper remedies to the best of his ability, such person is not liable in damages; but if he applies to a surgeon and he treats him improperly, he is liable to an action even though he undertook gratis to attend the patient, because his situation implies skill in surgery. The principle is contained in the pithy saying of Fitzherbert, that "it was the duty of every artificer to exercise his art rightly and truly, as he ought." This is peculiarly the duty of professional practitioners, to whom the highest interests of man are often necessarily entrusted. The law has no allowance for quackery. It demands qualification in the profession practiced, not extraordinary skill such as belongs only to a few men of rare genius and endowments, but that degree which ordinarily characterizes the profession. And in judging of this degree of skill in a given case, regard is to be had to the advanced state of the profession at the time. Discoveries in the natural sciences for the last half century have exerted a sensible influence on all the learned professions, but especially in that of medicine, whose circle of truths has relatively been much enlarged. And besides, there has been a positive progress in that profession resulting from the studies, the experiments and the diversified practice of its professors. The patient is entitled to the benefits of these increased lights. The physician or surgeon who assumes to exercise the healing art, is bound to be up to the improvements of the day. The standard of ordinary skill is on the advance, and he who would not be found wanting, must apply himself with all diligence to the most accredited sources of knowledge," and the court sent back the case for retrial, inasmuch as the surgeon in this case had been adjudged to pay $850 on wrong principles. These principles have never yet been overturned by the courts, tried in 1853, how much more do they apply now.

Thirty-two years have passed since these decisions; years full of advancement and discovery in medical science. The every-day

practitioner then has necessarily, besides his attention to practice, to devote a large amount of his time to keep abreast of the times, else it may be that the standard of "ordinary skill," which is ever being pitched higher, may get abreast or even ahead of him, and then some one will test his capacity in a court room, in which room, by the way, there is a much greater ordeal to undergo than in a sick room. In the latter, the physician and surgeon is judge, clerk, sheriff and jury, a concentration of judicial opinion and administrative ability; but in the court room, where each is assigned to and exercising his separate sphere, defendant physician or surgeon is put to his proof that he has exercised that degree of skill, that a patient has reason to expect from one who calls himself "Dr.," drives a buggy and runs a telephone, not to mention a stone front house, with its auxiliaries in the way of window signs and door plates.

It cannot be said that the rule expressed in the foregoing decisions is unwise or unreasonable. It is a wise provision for the prevention of quackery on the one hand, and the protection of an honest patient on the other. And, moreover, it is a protection to reputable members of the profession, who do strive to give their patients the benefit of their latest study. With the literary pabulum at the command of most professional men, hardly any are, or can be, excused from having knowledge of the latest discovery—the latest peculiar case that has happened in the practice of one of their brethren. Indeed, the mere announcement by any one, that having procured a diploma, he is ready to practice the profession of medicine, presupposes, so to speak, the fact, and is a guaranty on his part, that he is in possession of the knowledge attributed to his profession, and even further that he is searching for more.

Locality and surrounding circumstances, however, have something to do with fixing the liability of a practitioner for mismanagement or mal-treatment. For example, those in large cities and towns are held to much greater degree of care, and are liable for less negligence than, say, a country doctor would be. And this rule too, is correct. When one takes into account the respective advantages of consultation, reading, etc., existing as between the city and country doctor, the reason of the theory is apparent. Elwell, a well-known writer on Medical Jurisprudence, in his last work, published in 1881, puts it thus, (in referring to what the "ordinary degree of skill," as used by law-writers and judges meant). "It may vary in the same state or country. There are many neighborhoods, in the West especially, where medical aid is of difficult attainment; yet cases of diseases and surgery are constantly occurring, and they must, of necessity, fall into the hands of those who have given to the subject but little, if any, thought. Thus the inexperienced and unlearned attend to the surgery in their way, or it is not attended to at all. * * * In these cases no more, of course, should be expected of the operator than the exercise of his best skill and judgment, however limited that might be. In large cities and towns are always found surgeons and physicians of the greatest degree of skill and knowledge. Their pretentions are properly large. They are to be held to a corresponding high degree of responsibility. They contract to do more than ordinary physicians, and they are paid a higher price for what they do; consequently the contract is more difficult to fulfill. In smaller towns and country places, those who practice medicine and surgery, though often possessing a thorough theoretical knowledge of the highest elements of the profession, do not enjoy so great opportunities of daily observation and practical operations, where the elementary studies are brought into every-day use, as those have who reside in the metropolitan towns; and though just as well informed in the elements and literature of their profession, they should not be expected to exercise that high degree of skill and practical knowledge possessed by those having greater facilities for performing and witnessing operations, and who are, or may be, constantly observing the various accidents and forms of disease. It will not, therefore, as a general

thing, require so high a degree of knowledge to bring this class of physicians up to the rule of ordinary knowledge and skill, as in places where greater facilities are afforded, by which higher professional knowledge is attainable."

And after all the liability of physicians and surgeons for damages in the course of their practice, while it is measured by imputing to each practitioner such a degree of wise, reasonable care and consideration as any honest man would give in undertaking to do something for some one else, amounts to no more than that. But still, the legal and the respectable demand is for services commensurate with the surrounding circumstances of physician or surgeon and patient. American doctors have not been behind hand by any means in keeping up their duty in advancing the science they profess to practice. Over a quarter of a century ago, Sydney Smith, we are told, contemptuously asked, "What does the world yet owe to American physicians or surgeons?" Since then a prominent English writer has acknowledged "We must here take the liberty of saying, that few things have pleased us more than, in course of our reading lately, to find such surprising improvement in the periodical literature of our transatlantic cousins. The American journals which we have read recently, abound in the most valuable and original articles, and show the rapid strikes which our friends are making to compete with the mother country. We need only add they have our best wishes. We watch their progress with the greatest pleasure."

The tone of the compliment may be, somewhat, in view of the "Mother Country" allusion, maternally patronizing. But how much more effusive it might have been had the writer seen the last few numbers of the "Weekly Medical Review" we can hardly imagine.

The sentiments expressed however, show a struggle on the part of the profession to attain a degree of skill, which, if perfected, will render many backward members liable to damages for lack of "ordinary skill" and this in the interests of the profession and the public is a consummation devoutly to be wished for."

CONTRIBUTION.

ON THE ACTION OF SOME RECENT AND IMPORTANT AGENTS IN OPHTHALMIC THERAPEUTICS.

BY ADOLF ALT, M. D., ST. LOUIS.

Read before the "Verein Deutscher Aerzte" of St. Louis

Gentlemen, it is not my intention to give you in the following only new things and such as are of great import to the general practitioner, but to refresh in your minds some points concerning old remedies long and well-known; and, on the other hand, to compare with these what new agents in ophthalmic therapeutics we have become possessed of in more recent times, and to see what we have gained thereby.

Mydriatics.—Probably the most important, surely the most frequently used agent in ophthalmology is *atropinum sulfuricum*, the salt of the alkaloid of *atropa belladonna*. Its mydriatic (i. e., pupil dilating) action has for a long time assigned it such an important place, and none of the more recent agents of similar action have been able to wrest this position from it. It gains its main triumphs in the treatment of all those affections of the eye which cause, or at least might cause, the pupil to contract. Among these are foremost the different forms of iritis (except the serous iritis), cyclitis, some forms of choroiditis, which may lead to cyclitis and iritis, and the inflammations of the cornea. In these diseases the atropine in solution is instilled in order either to dilate the pupil before the iris has become adherent to the posterior lens capsule, or to break what adhesions have already taken place, and finally to keep the pupil dilated until the inflammatory process is at an end. The solution which best answers all these purposes is a one per cent one. The beneficial action exerted by the atropine on a case of iritis is, however, not ended by its preventing or breaking up of the posterior synechiæ (i. e., adhesions between the pupillary margin of the iris and the anterior lens capsule), it, furthermore, acts antiphlogistically, so to speak, like an intra-ocular Esmarch, since the contraction of the iris tissue toward its periphery empties its blood vessels

and puts an effective obstacle in the way of an undue afflux of blood.

The action of atropine is usually explained as being due to a paralysis of the sphincter pupillæ, and those who believe in the existence of a dilator muscle then assume a stimulation of this dilator or say that it can act freely after the sphincter is once paralyzed. Since I am satisfied that such an antagonistic muscle does not exist in the human eye, I am also not satisfied by the given explanation of the action of atropine. In my opinion atropine exerts a direct exciting influence upon the muscular coats of the bloodvessels of the iris, and this causes the contraction of the iris tissue towards its fixed periphery. The atropine, furthermore, increases the intra-ocular pressure by this very contraction of the blood vessels of the iris and the thus changed intra-ocular circulation, and again this increase of intra-ocular tension helps in the dilatation of a partially adherent pupil, and in maintaining a once dilated pupil in this condition.

The action of atropine is, however, not confined to the therapeutics of inflammatory processes of the eye, although in all other branches of its action other mydriatics may be safely substituted. Atropine is probably oftenest used in order to produce an artificial paralysis of accommodation (and mydriasis) for the selection of glasses in the correction especially of hypermetropic eyes. In these cases it removes the spasm of the accommodative muscular apparatus and puts the eye into the state of absolute rest of an optical instrument. Furthermore, the dilatation of the pupil allows of an inspection of the parts of the eye that lie behind the iris, and is therefore of incalculable value. In the same manner a dilated pupil will allow certain patients to see better, as for instance, patients with beginning cataract. Unfortunately however, as you know, atropine is not alone a constitutional poison, if I may use that term, but in a measure also a local poison and may even endanger the existence of the eye. On account of a special idiosyncrasy of the patient partly and partly on account of the quantities used in special cases, atropine-poisoning is observed now and then after instillations into the eye. In these cases the face is flushed, the skin hot and dry, the pulse weak and rapid, nausea and vomiting take place, the patients have hallucinations and may even be delirious. In such an event it usually suffices to stop the atropine and use in its stead the extract of belladonna, which is of weaker action, or any other mydriatic. Frequently the occurrence of these bad consequences may be prevented by pressing the finger upon the lachrymal canaliculi for several minutes at each instillation and to order the patient to lie in such a way that the lachrymal secretion and the atropine must flow out of the conjunctival sac over the temple instead of being drained into the nose. An adjuvant in the cure of poisoning by atropine is of course opium.

Locally atropine, when used for a long period, sometimes causes follicular conjunctivitis. I am of the opinion that this is due less to the alkaloid than to vegetable parasites that develop in the solution. Of more grave importance is the fact that atropine by dilating the pupil increases the intra-ocular pressure and may therefore, in eyes of a glaucomatous tendency or in eyes already subject to chronic glaucoma produce an acute glaucomatous attack with all its serious phenomena and consequences. It is therefore imperative to avoid the use of atropine in all cases in which such a condition is at all probable or suspected. By combination with cocaine which latter remedy positively diminishes the intra-ocular pressure, these dangers may be lessened.

The second agent to which I wish to direct your attention is *duboisinum sulfuricum* the alkaloid of *duboisia myoporoides*. Its chief action is dilatation of the pupil and paralysis of the muscles of accommodation. It is also employed in a one per cent solution. Its action upon the muscles mentioned is more rapid and effective than that of atropine, but the latter has a more permanent effect. That duboisine exerts a stronger influence upon the muscles of the iris, has been proven frequently by experiment, and it is possible to break up posterior synechiæ by duboisine that have resisted the continued use of atropine. Even when used for a long time, no follicular conjunctivitis is said to be developed by duboisine: on the contrary, it is maintained that it will cure atropine-conjunctivitis. Duboisine is, however, a strong poison, even extremely small doses are not well borne by some persons, and most serious cases of poisoning have occurred after instillation of but two or three drops of a one per cent solution. The symptoms of duboisine poisoning resemble those of atropine poisoning, delirium being more prominent, however. Moreover, the faculty of co-ordinate movements of the muscles is much disturbed. The signs of intoxication disappear after the use of the drug is stopped. Morphine may be needed and even in large doses, in order to carry the patient through the most serious stages of intoxication.

A further mydriatic is *daturine*, the alkaloid of *datura stramonium*. I have never used the remedy, nor do I find any satisfactory report as to its effects in the literature that I have had access to.

Homatropine, an alkaloid which is derived from atropine, and is generally used as a hydrobromate, also belongs to this series. Its action upon the pupil and the accommodative muscles is more rapid than that of atropine, and frequently, than that of duboisine. The effect is more transient. No toxic properties are ascribed to the drug, but in one reported case, the development of an acute glaucoma is charged to its use. Its transient effect makes it especially useful for ophthalmoscopic examination and selection of spectacles.

One more remedy belongs to this class, namely, *hyosciamine* and the closely allied *hyoscine*. The salts now in use are the *hyoscinum hydroiodicum* and *muriaticum*. It is said to a powerful mydriatic and is instilled in a one-half to a three-quarters per cent solution. General toxic effects are easily established by its use and limit its applicability.

Before passing to another group of agents, it will be of interest to speak of the comparative action of the agents enumerated. Suppose that one drop of a one-half per cent solution of atropine, duboisine and homatropine be instilled into normal eyes, mydriasis will begin with atropine, in ten to fifteen minutes, (average, fourteen minutes); duboisine, in five to ten minutes, (average, eight minutes); homatropine, five to fifteen minutes, (average, nine minutes).

This mydriasis lasts with atropine, three to seven days, (average, four and one-half); duboisine, two to six days, (average, four); homatropine, twenty-four to twenty-six hours.

The comparative action upon the accomodative muscular apparatus is as follows: If one half per cent solutions be instilled into normal eyes, the paralysis of accommodation will follow the use of atropine, after twenty-three minutes onthe average, (nine minutes after mydriasis) and disappear after two to four and one-half days; duboisine, after ten minutes on the average, (five minutes after mydriasis) and disappear after three days; homatropine, almost simultaneously with the beginning of mydriasis and disappear with it.

From the foregoing we will see, that, notwithstanding the great successes attending the use of atropine in ophthalmic practice, the more recent agents have not only become its rivals but may even excel it for the purposes of ophthalmoscopic examination and the selection of spectacles.

The best agent, however, for ophthalmoscopic examination, is cocaine, which dilates the pupil, but scarcely affects the accommodation and the action of which ceases completely after a few hours. I do not propose to discuss this remedy at length.

Myotics.—A valuable addition to our therapeutic resources are the myotic alkaloids, whose peculiar effect is contraction of the pupil. *Eserine*, an alkaloid of the *calabar-bean*, and *pilocarpine*, the alkaloid of *jaborandi*, are such agents. *Physostigmine*, also derived from the *calabar-bean*, was formerly employed to this purpose, but has been superseded by eserine. The main action of these agents is, in addition to the contraction of the pupil, a stimulation of the muscles of accommodation. It has been experimentally shown that these remedies increased the pressure in the anterior chamber in first order, but through the simultaneous contraction of the pupil, they effect a more than compensatory reduction of pressure. This action is especially marked in eserine,and is probably caused by a paralysis of sympathetic nerve-fibers. This action of the myotics makes them of great value in the treatment of glaucoma, where they bring about a reduction of the increased intraocular pressure peculiar to this pathological condition. Unfortunately, however, even in this disease, their applicability is limited to shortening the duration of attacks and postponing their occurrence.

Eserine and pilocarpine are of decided value, on account of their tension-diminishing action, in threatening perforation of the cornea, in threatening prolapse of the iris, in the reduction of an accomplished prolapse, and in the beginning of the formation of a staphyloma.

Eserine is said also to possess antiseptic virtues and therefore is recommended in abscess of the cornea. But the favorable action is unquestionably due to the reduction of the intraocular pressure.

Pilocarpine has been recognized as of especial value in certain cases of muscular asthenopia by Dr. John Green of our city and I can add favorable testimony to this effect.

The influence of eserine upon the pupil and accommodation is apparent in normal eyes after five to eight minutes, if a one per cent. solution be used; the effect lasts about three days.

Compared with the mydriatics it is found that like solutions of eserine completely neu-

tralize the effect of homatropine. The effect of solutions of duboisine and atropine is met only by solutions of eserine of four times the strength. This neutralization is of short duration only, the mydriatics soon exerting their influence again.

Pilocarpine has gained an extensive application in ophthalmology on account of its active stimulation of the salivary and sweat, secretions when employed internally or hypodermically. The drug has been recommended in a long train of disease of the eye; the number of diseases in which truly a good influence is apparent, however, is limited. The toxic effects of the pilocarpine consist in nausea, headache, vomiting, paralysis of the heart action, It has been stated that the use of pilocarpine may develop cataract. On this point we have no corrobative evidence.

A further myotic is opium. It has not been employed in ophthalmology on account of its weak action, necessitating doses of general toxic influence. The same may be said of aconite.

In the treatment of trachoma the *jequirity-bean* has of late years been employed, and numerous reports on the use of the infusion have been made. When applied to the conjunctiva a violent inflammation is established, croupous in character. This subsides after five to seven days. In favorable cases the granula of the trachomatous process are destroyed by this inflammation and corneal opacities may be cleared up. It has been found that the treatment is one attended by grave dangers, dangers equal to those that may develop in the older course of treatment by inoculation of blennorrheal pus. The jequerity inflammation may bring about necrotic and ulcerative processes of the cornea, that may lead to loss of the eye. Of late I have used, instead of the infusion, a dry powder, obtained by bruising the shelled seeds. This powder is carefully dusted on the conjunctiva and the resulting inflammation is not so violent as that from the infusion and the action remains more localized. I have met with no untoward effects in quite a number of trials; only in one case a slight corneal ulceration occurred.

In cases of reduction of visual acuity, such as are met with consequent upon the abuse of tobacco and alcohol, and attended by atrophy of the optic nerve, *strychnine*, and especially the nitrate, has been much lauded. I did not formerly meet with the good results that we find recorded and had given up the drug entirely in the treatment of these conditions. I am now, however, employing it again and have arrived at the conclusion that excellent results attend the hypodermic use of the agent. It is a fact that the visual acuity is often wonderfully increased even a few minutes after a hypodermic injection. I cannot give an explanation of this circumstance, but the fact is well founded. My former failures are to be ascribed to the use of inferior preparations, no doubt, and also to timidity in the dosage of the agent.

Iodoform, that became introduced a few few years ago, soon found favor in ophthalmology. It was employed in the treatment of trachoma, in phlyctenular and other corneal disease (in corneal ulcer especially), and as an antiseptic agent in general. To-day the use of iodoform is limited. Good results follow its use in corneal ulceration and parenchymatous keratitis. It is employed as a powder or in the form of an ointment.

Sublimate, that panacea in the war upon bacteria, has also not maintained itself in ophthalmic practice. In the treatment of blennorrhea of the conjunctiva it is not nearly so effective as the older caustic remedies, and for the irrigation of the eye during operations it is too irritating. I find the remedy of good use in the treatment of blennorrhea of the lachrymal pouch.

Boric acid in a four per cent solution is much employed as an antiseptic during operations.

HOSPITAL NOTES.

NOTES ON CLINICAL LECTURES.

DELIVERED BY ROBERTS BARTHOLOW.

At Jefferson College Hospital.

REPORTED FOR THE REVIEW BY A. E. BRADLEY.

Case I. Man, æt. 46, is in good general condition but comes with the following complaint and history of his own case. Some time ago he suffered sexual decline, which was preceded, however, by a degree of sexual activity which was quite marked.

He noticed at this time that the desire was much greater, and the sense of satisfaction much more marked than usual. This decline has been gradual until now his own complaint is one of anaphrodisia.

But such a condition coming on as we have seen, and at this period of life should prompt us to more thoroughly examine for some nervous disorder. We find the patella-tendon reflex lost, or, at best, very feeble; that his

vision is somewhat impaired—as the expression is—he has been using glasses too old for him, occasionally has diplopia; that he has dull muscular pains in the back, but as yet no shooting pains down the extremities. The urine negative.

Diagnosis: Beginning posterior spinal sclerosis. It must be admitted that the absence of pain in the extremities is a strong negative fact, but still cannot be held as conclusive. As yet the case has not reached the stage of lost co-ordination and anesthesia. The sexual symptoms are due to the changes which have been taking place in the cord. The case offers a reasonable prognosis.

Treatment. Argent. nitras in pill form: to be taken for a period of six weeks and then to be suspended for two weeks, during which time the kidneys and bowels are kept freely acting. By thus suspending the remedy at intervals not to exceed six weeks, we can probably avoid discoloration.

It is in these cases that the electric brush is found to be of such utility, but one mistake usually made in applying this remedy is that it is given in too strong quantity. Just enough to induce a feeling of titillation and to cause no pain is strongly recommended in this case.

The man must remain as quiet as possible and avoid all excesses and indiscretion in eating.

Case II. Woman, æt. 30, she presents herself with a deformity of the hands and wrists, resembling very much on inspection, a case of chronic rheumatoid arthritis. However when the parts are placed in their normal relations the joints are seen to be unaffected, and that the deformity is due to a spastic contraction of the muscles, especially the extensors. The muscles of the face, when talking, exhibit also the same state, or one of paresis. Her history is somewhat indefinite, but, as near as ascertained, two years ago she had some acute affection lasting three weeks, which probably was a meningitis. Any coarse lesion resulting from this, will explain these symptoms which it should have been stated have existed ever since her recovery from the attack at that time.

Treatment. If lesions have become organized they will not yield. It is in these cases that potassium iodide is so much used: but Prof. Bartholow claims to have seen more good from the bichloride of mercury. This latter agent was prescribed in doses of gr. one-thirtieth to be taken twice daily and kept up for months. To relieve the spastic condition of the muscles ♏v of fluid ext. gelseminum, twice daily was given, its administration to be kept up persistently. The use of the descending stabile galvanic current to the muscles overacting, and of faradic stimulation to those muscles underacting, was also advised.

Case III. Man suffering with paralysis of those parts which are supplied by the third nerve of the right side, namely, all the muscles of the orbit, except the external rectus and the superior oblique, and also the circular fibers of the iris, thus causing a dilatation of the pupil, ptosis, and turning of the eye outward. The man denies anything which will indicate a specific history, and if this can be taken into account we cannot explain the symptoms by a gumma. However, to give him the benefit of a doubt, will place upon massive doses of the iodide of potassium; if this fails to relieve we will resort to those remedies which shall stimulate the nerve. Physostigma, or its alkaloid, eserine, is particularly to be recommended, for it has given some wonderful results in similar cases, or the injection of one-sixtieth grain strychnine into the temple, or the use of electrical stimulation could be resorted to with fair prospects for success.

Case I. March 4, 1886. Man, aet. 40. This patient for five months has been complaining of violent pains referable to the liver.

He is pallid, anemic, and the skin presents a faint bronzing though it is not a jaundice.

The pains of which he complains, extend over toward umbilicus, backwards, upwards, towards different parts of the chest, and at times he has severe pains in the shoulders. When he lies on his left side has a sense of weight, pain, and soreness referred to the hepatic region.

The urine is found to contain no sugar, casts or albumen, but does contain bile pigment. (Oliver's peptone test is the best for testing for this last substance, especially when it exists only in traces.) The stools are colorless and pasty. Upon manual examination the liver is felt to be distinctly enlarged and below the margin of the ribs. No changing of the surface can be detected, no nodulation or roughness, but still a degree of firmness can be plainly ascertained.

The organ is tender and sore to the touch. All facts taken into consideration indicate a malignant disease and are negative to a waxy liver. The time of its existence has been too short to develop the characteristic nodulation which will undoubtedly appear.

Prognosis, unfavorable. Treatment:

℞ Syr. ferri et mangani iodid., - ʒj.
Lig. arsen. et hydrarg iodid., ♏iii.
M. Sig. Ter die.

As to diet, all fats and those substances, starches and sugars, which tend to decompose in intestine should be omitted. Give only fresh animal foods.

CASE II.—Man, æt. 38, is engaged in a brewery, and has been a hard drinker. Has had morning sickness, nausea, straining and vomiting of mucus for several years. He is pallid and has a cachectic appearance. The vomiting has gone on until he now has a fixed pain at epigastrium and in the back at a point opposite, designating its seat by placing two fingers on this region, thus showing it is confined to a narrow area. He also has vomiting of blood, thus seeming to signify gastric ulcer. The hepatic dullness is shown to be distinctly narrowed both above and below.

The fingers can be passed way up under margin of ribs and nothing be felt. He has had no bleeding piles, though small external piles do exist; this obstruction to the portal circulation caused by the atrophy of the liver might produce, by rupture of a stomach vein, vomiting of blood without a gastric ulcer.

Blood globules, however, have been found in the vomited matters at other times when vomiting for the time being did not exist, thus seeming to confirm the diagnosis of ulcer. Its formation is undoubtedly due to the contracted liver causing at sometime a thrombus in gastric vein, with destruction of its walls by action of gastric juice.

Treatment: The indication is to rest the stomach, the usual way for which is by rectal alimentation. This can not be done in this case because of the existing deficient portal circulation. The next best treatment is an exclusive milk diet; and by medicinal means expect the most benefit by gtt. ij. of liq. pot. arsenit. ter die.

CASE III.—A man suffering with a marked gonorrheal rheumatism, but presenting no striking features. In the treatment of this affection it was stated that the most good had been seen by Tr. ferri. chlor., or from the following combination:

℞ Hydrarg. iodid. viride, gr. $\frac{1}{20}$ to $\frac{1}{12}$
Ext. belladonnæ, - gr. $\frac{1}{6}$ to $\frac{1}{4}$
Ft. pil. Sig: Ter die.

Locally, the application of small blisters, to invest the joint, produced by cantharidal collodion, was highly recommended.

—*Puck* says that a wise St. Louis physician cured a case of alcoholism by prescribing opium. He then cured the opium habit by giving cocaine. Now he is searching for a cure for the cocaine habit. (Med. and Surg. Reporter.)

—Physicians going to New York are invited to make the reading room of the Post Graduate School at 226 East 26th street, their headquarters.

—From what we see at the St. Louis Medical Society and from what we hear from the Medico-Chirurgical Society, it seems as though there were some foundation for the report that a new medical society will be formed.

—Professional Ettiquette.—A patient came to a clinic at Rush Medical College to obtain Dr. Gunn's opinion of an operation which had been performed by another surgeon—simply to get his *opinion* about what had been done. Dr. Gunn exploded and fired him out at once, with the remark that it was not his place to criticise other surgeons.

—Dr. J. E. Tefft, of Springfield, Missouri, is rapidly recovering from a severe attack of pneumonia. Dr. Tefft has recently been elected a collaborator of the "REVIEW." This, doubtless, contributed to his convalescence. One of our association who was to see him during his illness, said it was worth going so far, if only to see one more example of the estimation in which a good physician is held by his friends.

—Among the funny things that have occurred at the St. Louis Medical Society is this: A cotemporary sharply criticized the recent action of the society regarding the publication of its proceedings. Afterwards the article was read and the society passed a resolution holding the journal "*in contempt*" till an apology be made. At the next meeting the publisher of the journal offered the society copies of its proceedings for last year. The offer was *accepted with thanks*, but we did not hear the apology.

—Professor Huxley's table gives the weight of a well-proportioned man as 154 pounds, distributed as follows: Muscles, tendons, etc., sixty-eight pounds; bony skeleton, twenty-four pounds; integument, ten and one-half pounds; fat, twenty-eight pounds; brain, three pounds; viscera of thorax, three and one-half pounds; abdominal viscera, eleven pounds; blood, seven pounds.

Such a man could consume each day, beefsteak, 5,000 grains; bread, 6,000 grains; milk, 7,000 grains; potatoes, 3,000 grains; butter, 600 grains; water, 22,900 grains. His heart should beat seventy-five times per minute; he should breathe fifteen times per minute. In every twenty-four hours he would vitiate 1,750 cubic feet of air to the extent of one per cent. He should throw off by the skin eighteen ounces of water, 400 grains of solid matter, and 400 grains of carbonic acid every twenty-four hours, the total loss in that period of time amounting to six pounds of water and over two pounds of other matter.

Death of Austin Flint.

The death of Dr. Austin Flint, Sr., causes universal sorrow. He fell at the summit of the hill of renown. Honored by the American Association—he was but recently its president—, honored by the British Association—he was chosen to deliver the next address in medicine—honored by the World's Congress—he was its chief officer.

Few men succeed as he did—in practice, in teaching, in authorship. Gross and Flint, giants in intellect, kind in counsel, rich in resource—men were they, and men will miss them.

By the death of Flint another shadow has been cast upon the far from completed plans of the Medical Congress. He was a strong bond between the old world and the new in all matters pertaining to our profession. We will remember him for the work that he did, for the friends he had made, for the place that he held. Another bright page in the history of American medicine is completed.

The Section of Otology and Laryngology of the International Medical Congress.

The *Internationales Centralblatt fuer Laryngologie, Rhinologie und verwandte Wissenschaften* says: "Unfortunately it appears by the official notice sent out in December last that laryngology has been combined with otology. As we further learn, the president of the section is an otologist, and among the officers of the section we find not a single one of the laryngologists with whose names we are wont to identify American laryngology. Unless, even at the eleventh hour, wiser counsels prevail, there is, in our opinion, only one course for the laryngologists of the world to pursue in the matter—to refrain wholly from taking any part in this Congress. This is our duty to our specialty, to ourselves, and last, not least, to our American colleagues."

This is important; it concerns the success and welfare of a prominent section of the Congress. Some time since one of the editors of the Review presented these facts to the secretary general of the Congress: 1st. The original committee of arrangements had provided for a laryngological section; 2nd. The laryngologists in this country and Europe were entitled to a separate section; 3rd. The president of the section as now constituted, Dr. S. J. Jones, was known as an oculist rather than as an aurist, and in no sense as a laryngologist; 4th. The laryngologists of this country would not take much interest in a section in which the specialty was thus rated.

The reply stated that the executive committee had no authority then to alter the rules once adopted, limiting the number of sections, although Dr. Jones himself suggested a division of the section. The secretary also added that if instead of hesitating and rather retarding the efficient organization of the Congress, both laryngologists and otologists would aid the council of the section and show a fair degree of strength, that after the meeting of the American Medical Association there would be little difficulty in getting the section divided, and that he himself would favor it.

The conclusions fairly arrived at are these: 1st. Neither the American nor the European laryngologists will aid in the work of the section as now planned; 2nd. The secretary general and the chairman of the "Section of Otology and Laryngology" are in favor of a separate section, if enough of interest is taken to warrant the division.

Now let the Executive Committee take such measures as will probably save one good section in the coming Congress. There seems to be no good reason why there should not be a separate section, and if one is formed there is no reason why the laryngologists should not make it a success.

The International Congress.

The coming meeting of the American Medical Association will be largely attended, and there will be much of interest and possi-

bly some friction in its proceedings. It is not possible that conclusions can be reached that will thoroughly satisfy all, but it does seem that there has been enough of dissention and ill feeling.

The object of the Association is to advance medical science and formulate professional opinion in the United States. Its present, most important duty is to provide for the coming of the Medical Congress. Is this object to be attained and this duty discharged by fomenting sectional strife ?

It has been said that the eyes of Europe are upon us. True—but more anxiously and more closely are the leaders in the present crisis watched by the profession at home, and they will be held responsible for the successful issue and completion of the plans.

One thing should be insisted upon, and that is, that all who in the American Medical Association take part in the discussions that pertain to the work of the Medical Congress, should be willing to abide by the result. There is no objection to men struggling for leadership, providing they strive honestly, but when a decision is reached let all agree to it.

The members of the profession from the East have as much responsibility and pride in providing a fit reception for the Congress as the physicians of the West and South. In truth one section cannot afford to ignore the other in this great work. Let us at the American Medical Association in St. Louis adjust our differences if possible, if not, make a fail trial of strength, and then let all go to work.

Surely there will be as much honor among respectable physicians as among the politicians of the day. The latter generally abide the result of a caucus.

The St. Louis Medical Society.

Our readers will doubtless wonder what has become of this society and why we do not publish its proceedings. Let us explain. For a number of years it was customary to publish the proceedings in "an official organ" selected each year by the society. The proceedings were taken by a stenographic reporter and edited by a publication committee, the journal paying the expense for the privilege. At first the *St. Louis Medical and Surgical Journal* was the "organ", afterward the Review.

This year both journals refrained from making any offer to publish the "official proceedings" on the ground that, as heretofore done, the proceedings required too much space. But each offered to take a fair synopsis of the proceedings without expense to the society and to publish the same promptly.

So far the society has refused this. And for a number of weeks past the proceedings have been carefully recorded by a stenographer and as carefully laid away. Instead of having the proceedings of the society published in several medical journals and widely circulated, they are unpublished and hidden from sight.

The Review has no quarrel with the St. Louis Medical Society. And we are sorry to see that the action of the society is calling forth unfavorable criticism both East and West. As soon as the society is ready to have its proceedings published in good form and promptly, without the burden of hav- to be an "official organ" being attached, the readers of the Review will have them. Elsewhere we publish the proposition submitted last week by the Review, which was not acted upon, although reported by the Publication Committee as the most advantageous received.

Railway Surgery.

The Medical Press and Library Association, which now has as a part of its work the editorial conduct of the Review, has made a new departure in medical journalism in the establishment of a department devoted to railway surgery. Dr. Warren B. Outten, chief surgeon of the Missouri Pacific Railway system, has been elected to take charge of the department. As an evidence of the importance of this work, we have but to state that

the number of cases under treatment in the various hospitals of the Missouri Pacific System alone during the past year was five times as great as the number of cases reported by the U. S. Marine Hospital service for the same year.

This Railway Hospital Service bears the same relation to the internal commerce of the country that the M. H. S. does to the maritime commerce. One hundred and forty-nine surgeons hold positions in the Missouri Pacific Hospital Service alone, each chosen on account of peculiar fitness and prominence in his community.

We ask the attention of the Railway surgeons of the country to this recognition.

Fumigation with Corrosive Sublimate.

A few weeks ago Koenig, of Goettingen, the well known surgeon, published a statement to the effect that corrosive sublimate is a most reliable agent for the disinfection of wards in hospitals or rooms in private residences in which cases of septicemia or of the contagious eruptive fevers had been lying. To this end he recommends that the corrosive sublimate be sublimed by throwing it upon living coals and thus the fumes permeate every nook and crevice. In order to make the sublimate innocuous Koenig says sulphur fumigation should follow; thus a harmless sulphur combination of mercury would result and all danger of sublimate poisoning be obviated. At the time we read this statement we could not understand what sort of a sulphur-combination could at all result, owing to the powerful affinities in the sublimate. No change of the product of sublimation of the corrosive chloride by the sulphurous fumes appeared possible. This doubt indeed became a certainty on consultation with a chemist of experience in such matters of hygienic prophylaxis. This conclusion has further been confirmed by an experimental investigation of the matter. Dr. Luebbert, of the surgical laboratory of Prof. Maas, of Wuerzburg, has undertaken the enquiry into this matter and reports that sulphur fumigation does not alter the corrosive chloride. The fine dust that settles upon all objects as a result of the sublimation gives all the reactions of the bichloride. The great danger of poisoning of individuals becomes at once apparent. The mechanical removal of the dust, by means of wet cloths, is the only mode of guarding against such an accident. This, while quite feasible in a hospital ward, owing to the simple appointments, etc., of such an one, would hardly be possible in a bed room that has become the sick chamber of a case of scarlatina or small-pox. Curtains and draperies and carpets could not be readily freed from the poisonous dust, and would remain sources of great danger to the occupants.

And even in hospitals the fumigation with sublimate appears not so reliable as to crowd out safer procedures. Luebbert states that the distribution of the fumes is necessarily limited; on account of the high temperature at which the bichloride sublimes it can remain in a state of vapor only a brief time, and becoming condensed before thoroughly penetrating the room, falls down upon the floor, etc., through its high specific gravity. Thus the influence of the agent upon the greater portion of the virulent germs is lost. Luebbert recommends a distribution of the sublimate-fumes by means of a spray.

In order to test the efficacy of the fumigation Luebbert placed into a space, that could be thoroughly shut off, pure cultures of staphylococcus pyogenes aureus, albus, citreus and cereus, also cocci of pneumonia and bacilli of malignant pustule, and burned sublimate. It was found that nearly all the cultures were killed, excepting such that were not directly exposed, for instance, by turning downward the neck of the flask containing the cultures. Subsequent fumigation with sulphur destroyed the vitality of these also.

From the foregoing it would seem then that sulphur fumigation is reliable and safe, and more so than the dangerous sublimate.

The Alkaloids of Urine.

In connection with the report on ptomaines

and leucomaines it is of interest to note that A. Villiers writes on this subject in the *Journal of the Chemical Society*. Villiers states, at variance with Bouchard and Pouchet, that normal urine never contains alkaloidal substances. Quite a complicated process is gone through with, consisting of alternate evaporation and alcoholic extraction of the residue. In the final residue the alkaloids are detected by alternate precipitation out of an aqueous solution by means of an alkaline carbonate in presence of ether and resolution in water acidulated with hydrochloric acid.

As stated above, normal urine always gave negative results. Alkaloids were found in the urine of individuals suffering from a slight attack of bronchitis, from malarial fever, measles, pneumonia and abscess. In one case of tetanus no alkaloids were found.

Dialyzed Iron in Arsenical Poisoning. Dr. W. C. Wile reports an instructive case of recovery from arsenical poisoning. A half pound of dialyzed iron was given at once and continued in tablespoonful doses. The recovery was rapid. The dialyzed iron is considered by the reporter quite as effective as the hydrated sesqui-oxide.

Concealing the Taste of Quinine.—According to the *Medical and Surgical Reporter*, muriate of ammonia and powdered extract of licorice will perfectly disguise the taste of quinine. Hugo Engel discovered this by accident. In a case of bronchitis he prescribed the muriate and the extract in equal parts. To fulfill a special indication he added four grains of quinine to each forty grains of the powder. He was much surprised not to hear complaint of the bitter taste of the quinine.

The following combination is advised:

℞ Quiniæ sulphat.
Ammon. mur. - - - aa gr. i.
Pulv. ext. glycyrrh. - - gr. iv.
M. f. pulv. S.

We learn that in the same proportions larger doses may be given. To give ten grains of quinine, ten grains each of the muriate and the licorice suffice; the amount of licorice need not be increased in the same ratio for the larger doses, as is the case with the smaller ones.

Abortive Treatment of Bubo.—Dr. J. Harvey reports in the *Medical News* (*Therapeutic Gazette*) on ten cases of aborted bubo by the method of injection with carbolic acid, which treatment was recommended four years ago by Dr. Morse K. Taylor.

The skin over the bubo is first chilled by an ether spray; the swelling is then grasped by the thumb and finger of the left hand and compressed; the needle of a hypodermic syringe is then thrust obliquely into the center of the gland to a depth of two-thirds the diameter of the enlargement. The syringe contains 20 to 30 minims of an 8-grain to the ounce solution of carbolic acid.

The best period for making the injection is when the gland is sufficiently enlarged to permit of the free infiltration of the injected fluid throughout the structure. One injection usually suffices.

The following details are to be borne in mind:

1. The time of election is just prior to suppuration.
2. Rest, a laxative and reduced diet assist in the dispersion.
3. The exact point at which the injected fluid should be delivered is a matter of importance; also the manner of delivery. Ordinary intelligence and care teach in each individual case how these conditions can best be satisfied.

Pneumonia Treated by Mercurial Inunctions.—The treatment of pneumonia by inunction of mercurial ointment is proposed by Barthel and Moritz, of St. Petersburg. We take a few notes on the method from the *Therapeutic Gazette*.

The success of iodoform and similar inunctions in peritonitic and meningitic affections, induced Barthel and Moritz to try the inunction of mercurial ointment. For the last two years this has been the only medication used

in croupous pneumonia. A favorable mortality rate was so established, there being a reduction from 31.4 to 6.2 per cent.

The inunctions are begun as soon as the diagnosis is established. Morning and night a dram is to be used. The inunction is made on the extremities, abdomen and back. The thorax is not used as a place for inunction, but is encircled by a water-compress.

Chlorate of potash is given as a gargle. Digitalis and quinine may be given, if indicated.

Chloroform—Death.— Kappeler found (Berl. Klin. Wochn., London Med. Record) that the evolution of nitrogen in the blood may be the cause of death in chloroform narcosis, where the quantity given has been too small to cause paralysis of the heart or respiration. In two cases of such death the post-mortem examination showed a walnut-sized bubble of nitrogen gas in the heart.

Treatment of Varicocele—Mayo Robson, in the British Medical Journal, favors treatment of varicocele by excision. The scrotum is shaved, the cord of the affected side caught between the left finger and thumb, the vas deferens being allowed to slip backwards. A vertical incision, three quarters of an inch long, through skin and fascia is then made. Through this the veins bulge and are caught between the finger and thumb of the right hand. A double catgut ligature is then passed round the bundle of veins and the two threads are tied an inch or so apart. The intermediate varicocele is completely cut away. No bleeding occurs; the wound may need no suture. A catgut drain may be left, but is not absolutely necessary. Ten successful cases are recorded.

Threatened Miscarriage. — Campbell, of Liverpool, reports six cases of threatened miscarriage that were arrested by the use of viburnum prunifolium. He has met with the usual disappointments in the routine treatment of such conditions by opium and Indian hemp or ergot. Two or three grains of the solid extract, prepared from the liquid extract, are given.

Treatment of Vascular Tumors.—According to the Gaz. hebd. de Montpellier (Medical News) Floriani paints teleangiectatic tumors with mercuric bichloride, three parts, collodion, twenty parts. Four coats are applied. A crust is shed after four days. The fluid is then reapplied, until the desired result is obtained. The treatment is absolutely painless; it is applicable to flat swellings only.

Apone; a New Preparation of Capsicum. —This is a preparation that Dr. V. Poulet describes in the Bull. gén. de thérap. (New York Medical Journal), and is prepared after the following formula:

Capsicum,	- -	$6\frac{1}{2}$ ounces.
Ammonia water,	- -	$3\frac{1}{4}$ "
Essence of thyme,	-	$2\frac{1}{2}$ drams.
Chloral hydrate,	- -	$2\frac{1}{2}$ "
Alcohol, 60 per cent.,	-	2 pints.

The capsicum is macerated for a month in the alcohol and ammonia. It is then expressed and the other ingredients added. The substance acts as an anodyne revulsive. This is especially adapted for external use, and may be used pure or diluted with oil.

The dose internally is from ten to twenty drops in water. A draught of cold tea should follow.

The remedy is recommended for muscular rheumatism, certain neuralgias, hysteria, seasickness, etc.

Influence of Mercury Upon the Blood. —A most interesting item in conjunction with the still disputed question whether mercury is a blood-tonic or an impoverisher, is contained in a report by Gaillard in the *Gaz. des hôpitaux.* He found that, if anemia is established by syphilis, the exhibition of mercurials is not followed directly by an increase in the number of red blood corpuscles or of the hemoglobin. The result is favorable as to the anemia, however, provided no mercurialism develop.

In simple anemia the appropriate use of mercury does not in all instances lead to a multiplication of the red corpuscles, but positively to an increase of the hemoglobin. Thus the value of each individual corpuscle is enhanced. It is well to interrupt the treatment after a period of three weeks. The author does not consider mercury as equal to iron in efficacy to this particular end.

Boric Acid in Cystitis.—Besides irrigation of the bladder with a two per cent solution of boric acid, a Russian physician recommends the internal administration of the same drug in large doses.

SOCIETY PROCEEDINGS.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, Thursday, February 4, 1886. The President, B. F. Baer, in the chair.

[concluded.]

Dr. Howard A. Kelly exhibited a specimen of

Hematoma of the Ovary with Adherent Fallopian Tube.

This specimen is an example of a class of cases which stand peculiarly by themselves; cases of aggravated tubal and ovarian disease, on a small scale as compared with ovarian cyst, and yet in which there is enough change in the size and consistency in one or more of the structures of the appendages to afford most satisfactory ground for diagnostic precision under skilled bimanual examination. These cases occupy a middle ground between the larger tumors, where disease is so palpable, and those hap-hazard attempts, the present reproach of gynecological surgery, in which the operation upon appendical structures is undertaken to relieve a symptom, and the diagnosis of pathological ovarian or tubal change is made after removal or not at all.

This is the right ovary of a patient, 21 years of age. It is about the size and shape of a large Spanish chestnut. I was able to handle it freely by bimanual examination, and determined exactly its size, shape, consistence and relations before operating. The indications for operative interference after I had made my diagnosis, were greater than in the case of any large ovarian cyst I have ever seen, and the prospects and result of any form of palliation were futile. Almost the whole of this large ovary is filled with a blood clot, soft and jelly-like in part and in part firm, fibrous and apparently intimately united to the ovarian stroma. This clot is surrounded by a shell of apparently normal ovarian tissue, throughout which are seen a number of follicles and old corpora lutea. A remarkable feature is the way in which the fimbriated extremity of the tube is spread out like a sucker over the surface of the ovary, and glued fast by adhesions, so that the line of demarcation between tube and ovary is but faintly indicated. From the line of junction numerous vessels course in a radiating manner down over the ovary. The left ovary is below normal size but contains many pea-sized black clots.

The second specimens which I now exhibit were removed this afternoon. The case is an example of the third class. in which the operator has nothing but a symptom to guide him. My patient, 35 years of age, suffered from an increasing menorrhagia for fourteen years. Lately she has been bleeding half the time. She has had recourse to every possible plan of treatment with but slight and temporary relief. The only thing I could do was to perform oophorectomy and stop her menstruation. One ovary weighs 139 grains, the other 103 grains. A beautiful corpus-luteum of menstruation, about two and a half weeks old, shows that the hemorrhages, which retained all along a menstrual periodicity, were in reality menstrual. The tubes are free from disease. In one ovary a globular pellucid cyst lies between the layers of the broad ligament in close proximity to the fimbriæ, the tubo-ovarian ligament being spread out over its surface.

Dr. Wilson called attention to the fact that in the first specimen the tube had been occluded by a torsion or twist upon itself.

Dr. Baer remarked that it would be interesting to know the results in Dr. Kelly's last case. In such a case there is of necessity a cause for the hemorrhage; there is no apparent diseased condition of ovary or tubes sufficient to account for it. Hemorrhages from the uterus are often associated with vegetations upon its lining surface, but these are not always present. He alluded to one case in which hemorrhage continued to be profuse after the removal of the tubes and ovaries which had been very much diseased.

Dr. Price remarked that in this last instance the continued hemorrhage might be

the result of body-habit, although the original cause might be removed.

Dr. Harris spoke of a case of fibroid tumor of the uterus with menorrhagia in which removal of the tubes and ovaries gave complete relief.

Dr. Kelly had eight months ago removed both ovaries and tubes and the menorrhagia still continues. In the case operated upon today the curette had been used, but no vegetation had been found. A strong tincture of iodine applied thoroughly to the inside of the uterus and vaginal packing would quickly stop the hemorrhage for the time, but it would soon recur. Operation was performed to relieve the symptom of hemorrhage by bringing on the menopause and not because the ovaries were supposed to be diseased.

Dr. J. Price exhibited specimens from a case of Pyosalpinx. The tube was large as the finger and cheesy in consistence and was easily broken, even by the bite of the hemostatic forceps. The patient was in a typhoid condition with high evening temperature; emaciation, quick pulse, pain in locomotion. There certainly had been leakage of pus before, but two ounces escaped at the time of removal. Adhesions were numerous, but were cheesy and broke down readily. After the operation there was rapid subsidence of the pulse and temperature with the other symptoms. Free washings of the abdominal cavity through a drainage tube were practiced for a few days. There was a clear history of gonorrhea. The other tube and ovary were not enlarged.

Dr. Beates remarked that in one case upon which he had operated repeated attacks of peritonitis had caused large deposits of flaky lymph in Douglass's cul de sac. They were nicely removed by sponging.

Dr. Baer raised the question of the gonorrheal origin of the salpingitis in Dr. Price's case, which was unilateral, while gonorrhea usually causes both tubes to become diseased.

Dr. Price stated that Dr. Tait's new book reported a gonorrheal case of unilateral salpingitis. Comparing with the male analogue, epididymitis, which is usually unilateral, would support the idea of such an origin. A free leakage of secretion from the tube and absence of constriction may prevent the accumulation of pus on one side.

Dr. Beates exhibited specimens from a case of

Diffused Sarcoma Uteri with Metastasis to Liver and Lungs.

The patient from whom the specimens were obtained was in excellent health until the development of this affection. Aet. 59. Catamenia established during her 16th year without undue disturbance. She has had four children, and no miscarriages or pelvic disease during her sexual life. There is no evidence of heredity toward myoplastic disease. Menopause at age of 43, without incident; about five years later a hemorrhage occurred, lasting a few days. It recurred, with decided regularity, and the patient, believing it to be menstrual, did not have recourse to treatment until an intermenstrual sero-sanguinolent discharge appeared. Later this assumed a purulent type, and was accompanied by constant pain. The condition was now regarded as carcinomatous. In June '85, I found the patient emaciated, cachectic and weak; digestion was impaired and the stomach irritable. Loca lpain was intense with nocturnal exacerbations; there was also incontinence of urine and its consequent intertrigo. The vagina was so occluded with numerous neoplasms, varying in size from mere nodules to the size of an olive, that an examination of the uterus was impracticable. Some of these were pedunenlated. There was an offensive ichorous discharge; bleeding occurred upon the slightest touch. The history was one of progressive asthenia. The autopsy by Dr. Formad disclosed the pulmonary apices and inferior posterior margins to be the seats of nodular masses. The surface of the left hepatic lobe was the seat of two deposits which simulated encephaloid carcinoma. The lymphatic glands were perfectly normal. The uterus was enlarged about one fourth and its attenuated walls were easily torn; upon opening it it was found to be almost entirely destroyed by ulcerative processes which were most marked near the fundus. The cavity of the pelvis was occupied by the morbid mass, and the vagina entirely destroyed. The bladder was not involved but the urethra was sloughed through. Rectum free. The microscope showed a small-cell-sarcoma.

The pathological laws of which this is an illustration possess especial interest regarding treatment. It is now well known that neoplasms originating in areas that have developed from either the epi-, meso-, or hypo-blast possess certain specific life histories, and, while all may closely resemble each other in their incipiency, differ widely not only in their course but ultimate results as they continue to exist. Thus epithelioma of epiblastic structure is local and not subject to metastasis, while the hypo-blastic epitheliomata are preeminently metastatic. Meso-blastic neoplasms are of connective tissue type and in

large cell forms, local, while in small cell varieties metastatic. Epitheliomata undergo metastasis through the lymph channels, sarcoma by means of the blood-vessels. Either of these diseases, when first becoming active, there is good reason to believe, and before retrograde changes occur, can by total removal of the organ involved, be radically cured. As sarcoma, and especially its small cell variety, is especially prone to metastasis, its early recognition is a matter of paramount import. In this case its early evidence was mistaken for carcinoma, and from a clinical standpoint alone such an error alone is unavoidable; bnt as the discharges contain portions of the neoplasms readily recognized by the microscope at a time when metastasis has not occured, its diagnosis and treatment are a matter of simplicity. The later symptoms, absence of lymphatic involvement and comparatively slow course, enable one to know that he is palliating the sufferings of a sarcoma.

W. H. H. Githens, Sec'y.
2033 Spruce St., Philadelphia.

CORRESPONDENCE.

LONDON LETTER.

March 6, 1886.

Editor Review: The chief excitement in the medical world just at present is the forthcoming visit of the Queen to lay the foundation stone of he new building to be erected by the Colleges of Physicians and Surgeons jointly on the Thames Embankment towards the end of this month. This is a great compliment to the medical profession, and there can be little doubt that it is owing to Sir William Jenner's popularity at Court that this has been arranged. For nearly a quarter of a century Sir William Jenner has been Physician-in-ordinary to the Queen, and it is well known that her Majesty places the utmost confidence in him. Of course there will be a tremendous crush t the ceremony and none but Fellows of the two colleges will have any chance of being present; it is said that the accommodation will be exceedingly limited, and it will, I suppose, be divided equally between the two bodies, in which case the College of Surgeons will come off much the worst, as they number some eleven hundred Fellows, whilst the College of Physicians has a roll of less than two hundred; it is probable, therefore, that all belonging to the latter body who wish to be present will be able to be accommodated, but that surgeons will have to ballot for their chance of a seat.

This new building is the first outcome of the amalgamation between the two colleges to which I have referred in former letters. As soon as their combination had been approved by the General Medical Couucil, they began to conduct their examinations jointly, and they then found that they could not accommodate the large number of men who presented themselves. Various schemes were immediately set on foot to get over the difficulty and this is the one that has been adopted; the scheme has not been unanimously approved, as it involves a considerable outlay, and if in five year's time one of the parties to the conjoint board refuses to go on with it (for the present agreement is only made for five years) this enormous building on the enbankment will be useless. This fact, however, will probably serve as an inducement to the heads of both parties to endeavor at all cost to renew the existing treaties. There are rumors that the new building is to be something more than a mere examination hall, and that it is in contemplation to form a royal school of medicine where anatomy and physiology and the other not purely clinical subjects can be dealt with in a suitable manner by professors, but no official confirmation of such rumors has as yet been made public.

This ceremony will probably be Sir William Jenner's last public appearance as President of the College of Physicians, a post which he has filled with great dignity for the last five years, it being generally understood that he will not allow himself to be put in nomination again. Seeing that he is over 70 years of age none can grumble at his determination to try and obtain a little more leisure; but the college will be sorely puzzled to find a successor to him. Of course, a good many names are mentioned, and there can be no doubt that one of them is that of a man pre-eminent above all his fellows as a scientific physician, viz., Sir William Gull, but Gull has contrived not to ingratiate himself with all of his professional brethren, and his nomination will no doubt be stoutly opposed, and by none more strongly than by the Guy's men who, it is currently reported, are going to run Wilks, one of the most popular physicians that Guy's has ever produced. There will, however, no doubt be other candidates besides the ex-Guy's physicians in the field, and some think that Bristowe has a chance, others that Sir Andrew Clarke or Sir Henry Pitman are likely men, and I have heard it whispered that Dr. Charles West would not refuse the office if elected. The mode of election is thoroughly democratic. When the day comes it is announced that the office of president is vacant and the ballot box is sent round for each person to put in the name of the man whom he wishes elected. No names are allowed to be mentioned until the box

has been round, so that very often at the first ballot a great number of fellows get a strong vote or two. If the opposition to Sir William Gull, that is threatened, is maintained, I should rather expect to see Sir Henry Pitman elected, and it certainly would be very difficult to find anyone so well suited for the office. Having been for many years physician to St. George's Hospital he was some twenty years ago appointed Registrar of the College of Physicians, a post which he still holds, so that his knowledge of the affairs of the College is far better than that of any other living person, added to which he is a most business like man, and would make both a dignified and courteous chairman. However, it will be time enough to say more about him when he has been elected, if he ever is.

The case of poisoning by chloroform is still sub-judice, so I must not say much about it. The coroner's jury returned a verdict of wilful murder against the widow, and also against a non-conformist minister who is mixed up in the case. His part in the business is rather peculiar; according to his own evidence he had been chosen and approved by the deceased as the future husband of the wife in the event of the death of her husband. A very funny arrangement no doubt, but this would not have brought hin into such prominence in the case, had he not been instrumental in purchasing chloroform for Mrs. Bartlett (the widow of the deceased)at several chemists; he gave what appeared to me to be a fairly plausible account of this transaction, but the coroner's jury seem to have thought differently, as they found him guilty of being accessory before the fact, which is of course tantamount to saying that he helped to commit the murder. The magistrate's inquiry will probably be over soon and will almost certainly result in the prisoner's being sent for trial before a jury at the next sessions, so that the final result will not be decided for a month or more yet.

The Government have lost no time in re-introducing into the House of Lords another Lunacy Acts Amendment Bill based on the same lines as the one they drew up last year, but which was snuffed out for want of time in the general massacre of the innocents which took place before the liberals went out of office. The chief provision in it is the first, which is to furnish safeguards against the improper confinement of persons as lunatics. The bill provides for the appointment of special justices to make orders for the reception of lunatics not paupers, and, except in cases of urgency, a person not a pauper is not to be confined as a lunatic without an order of a county court judge, stipendiary magistrate, or justice, to be obtained upon a petition presented if possible by a relative and accompanied by two medical certificates. Provision is made to secure privacy, and in order to give the county court judge, magistrate or justice something more than merely "ministerial" functions in cases which require investigation, he is empowered, if he considers the statements in the medical certificates unsatisfactory, to make inquiries, and if he thinks it necessary to visit the alleged lunatic. In urgent cases a patient may be confined upon an order of a relative accompanied by one medical certificate; but in that case a petition for an order must be presented to one of the recognized legal officials within seven days, and the urgency order only remains valid up to the expiry of the seven days or whilst the petition is pending. A report upon every private patient is to be sent to the commissioners in lunacy within a month after the patient's reception as a lunatic, and a visit is to be made to the lunatic as soon as possible. If the patient is found to be improperly detained he is to be discharged. At the end of three years after the reception of a patient, and at the end of every subsequent year, a special report is to be made on his case. If no report is made the order for his detention comes to an end. The chief other matter dealt with in the bill is the endeavor to do away with private asylums by enabling public asylums to be provided for the reception of lunatics not paupers. In this way the government hope to gradually abolish the existing private asylums and save themselves the expense of buying them up. The operative treatment of intra-thoracic aneurysm has again lately been the subject of discussion here, Dr. Cuyley, of the Middlesex Hospital,having reported a case to the Royal Medical and Chirurgical Society of aneurysm treated by the introduction of fine iron wire. Two operations were performed, at the first, forty feet being introduced and apparently with good results; but three months later, as there were signs of increase of the pressure in other directions, the operation was repeated, a rather smaller quantity of wire being introduced, but the patient gained no relief and died nine days later. R. M.

BELLADONNA POISONING.

Girard, Kan., March 15, 1886.

Editor Review: I wish to relate a case of belladonna poisoning in a child, aged 20 months, caused by eating the berries. On the morning of Mar. 9th, Ralph S. had been out playing, and came in with some of the berries which the mother made him throw into the fire. At dinner he could not eat, saying he could not swallow. He wanted water, but could not drink it; face was red, throat and mouth dry. At this time the mother noticed that the pupils were dilated. At 1 P. M. he began

picking at imaginary objects and was afraid of strangers, if they were not close to him.

At five P. M. I was called, and suspecting the nature of the malady, gave him morphia hypodermically. The delirium at this time was very boisterous and humorous. He could not see any thing, clung to me, and would not go to any one. At 7 P. M. I gave him castor oil, and repeated it every four hours, giving one tablespoonful until four doses were taken. Then the bowels moved. The morphia after one half hour was given by the mouth, grain one-fourth every three hours until I had given one and a half-grains. At seven A. M. the 10th, gave chloral hyd. gr. xx. He had not had any sleep up to this time. The morphia seemed to make him more wakeful, and the pupils had sufficiently contracted to seem about natural. The bowels had moved, and he passed three of the berries, which he had swallowed, whole. He then went to sleep and rested for three hours, and awoke hungry. The pupils were dilated again, and I gave him morphia again, which contracted them again, and he had no more hallucinations.

Two days after the skin desquamated and became furfuraceous and rough.

I have had a number of these cases, but emetics were given before the toxic effects were produced.

Respectfully,
G. B. SCHOLL.

ITEMS.

—A statue to Claude Bernard was unveiled February 7, in Paris.

—Graduates of post-graduate schools should be well posted. This is important, if true.

—Query.—When is the laryngologist suggestive of the clergyman? When he says—Let us spray.

—It "strikes" us that our chief of the obstetric department could give a fair "presentation" of some points in "connection with the "Knights of Labor" troubles.

—Dr. N. S. Davis, of Chicago, who was reported seriously ill, has quite recovered. The attack was cerebral, and there was slight paralysis of one side, but this has entirely passed away.

—One of the most welcome of our exchanges is the *New England Medical Monthly*. It is entertaining, profitable and well arranged. It is steadily growing in favor, and its pages reflect the practical sense, independence and good nature of its accomplished editor.

—Dr. Samuel Gee, in the *Practitioner*, Dec., '85, reports about a dozen cases of respiratory croaking in babies. Were we permitted to furnish the proceedings of the St. Louis Medical Society to the readers of the REVIEW we could report somewhat less than a dozen croakers who are infantile only in their efforts and results.

—The Alienist and Neurologist propounds the question, who owns the physician's prescription? During the dull times of the last six months the average doctor would probably mournfully answer: The physician himself.

—The Protestant Hospital of St. Louis is a success. The building is well situated, roomy, well ventilated and fu nished in excellent taste. Much credit is due Dr. Laidley of the medical staff, and Mr. Semple of the Board of Trustees for their devotion to this good work. Regular clinics in all the departments are now held.

—The N. Y. Med. Abstract states that at a recent competitive examination of car-couplers, 200 different styles were rejected. The journal suggests that some of the smaller sizes of pessaries now in market would have competed successfully. After consultation with our editors in charge of departments of Rail Road Surgery and (En) Gynecology, we accept the suggestion.

—A Plaster Cast of a nose, or any external organ which has deep undercuts, may be made as follows: Melt paraffine in a water bath, and with a soft brush paint the tissue over, laying on the first coat very quickly. Continue to add paraffine until a coating an eight of an inch thick is obtained. This can be separated by cutting at the necessary points, and again placing the parts in contact, when the plaster cast may be made, pouring the batter in and out two or three times, to avoid air bubbles. (Independent Practitioner.)

[Be careful to prevent the paraffine getting into the eyes of the victim or the use of a "paraffine" optics will be impaired.

—The Metric System.—Prof. Oscar Oldberg, who has been noted as the most vigorous champion of the metric system of weights and measures, and to whose efforts the adoption of the system in the U. S. Pharmacopea of 1880 was in great part due, has recently published an article recanting what he had previously said in favor of this system, and expatiating upon the superiority of the system now in vogue in America, the latter being quite as simple, universally understood, and much less liable to lead to mistakes in filling prescriptions. The latter point is the chief argument against the adoption of the metric system, the simple displacement of a dot being sufficient to cause a death when dangerous remedies are prescribed. The present system is one almost universally satisfactory, and Prof. Oldberg manifests his good judgment in abandoning his former

position and coming forth as the exponent of the present system of prescription writing. (Kansas City Med. Index.)

—Dr. Lapthorn Smith, of Montreal, recommends the A. C. E. mixture in midwifery. The chemical formula of the mixture, which contains one, two and three parts, respectively, of alcohol, chloroform and ether, is said to be very similar to that of bichloride of methylene. It can be made fresh every time.

Dr. Smith has used the mixture in over one hundred cases of obstetrics.

The advantages of the mixture he formulates as follows:

Apart from its dangerousness chloroform had no bad qualities; ether, apart from its safety, had no good ones. By combining them we obtained a liquid which had all the advantages of both, namely, rapid, pleasant, non-irritating, effective; having no period of excitement, and causing no vomiting or other unpleasant after effects. The mixture of chloroform and ether is less dangerous than the former, but more dangerous than the latter; by adding alcohol the mixture was rendered less dangerous than either.

—The following letter contains the proposition of the REVIEW to the St. Louis Medical Society regarding the publication of its proceedings. Will any of our readers or exchanges say that it is not fair?

St. Louis, March 15, 1886.

To the Publication Committee of the St. Louis Medical Society:

GENTLEMEN:—We are requested by our Association to inform you that the St. Louis Medical Press and Library Association passed the following resolution to-night: "That the Association is not prepared at present to publish the official reports of the St. Louis Medical Society, *verbatim*, but offers to publish in the WEEKLY MEDICAL REVIEW a fair exhibit weekly of the papers and discussions of the Society at the expense of the St. Louis Medical Press and Library Association;" also,

"That the Association offers to the St. Louis Medical Society to devote three to four pages (900 words to a page) each week to publications of the proceedings of the St. Louis Medical Society, the proceedings of each meeting to appear in the WEEKLY MEDICAL REVIEW the week following their occurrence."

We accordingly hand you the foregoing copy of resolutions for your action. (Signed)

St. Louis Medical Press and Library Assoc'n.

—Professor Tyndall writes upon Pasteur's researches in germ-life, and in the course of his article gives an explanation of the secret of vaccination. He says:

"When a tree or a bundle of wheat or barley straw is burned, a certain amount of mineral matter remains in the ashes—extremely small in comparison with the bulk of the tree or of the straw, but absolutely essential to its growth. In a soil lacking in or exhausted of the necessary mineral constituents, the tree cannot live, the crop cannot grow. Now, contagia are living things, which demand certain elements of life just as inexorably as trees or wheat or barley; and it is not difficult to see that a crop of a given parasite may so far use up a constituent existing in small quantities in the body, but essential to the growth of the parasite, as to render the body unfit for the production of a second crop. The soil is exhausted, and until the lost constituent is restored the body is protected from any further attack of the same disorder. Such an explanation of non-recurrent diseases naturally presents itself to a thorough believer in the germ theory, and such was the solution which, in reply to a question, I ventured to offer nearly fifteen years ago to an eminent London physician. To exhaust a soil, however, a parasite less vigorous and destructive than the really virulent one may suffice; and if, after having by means of a feebler organism exhausted the soil without fatal result, the most highly virulent parasite be introduced into the system, it will prove powerless. — Ex.— Med. Press West. N. Y.

—The New York *Medical Record* of March 20th, has the following editorial:

A Foolish Society.—The St. Louis Medical Society has passed a resolution positively prohibiting the publication of its transactions, or any part or synopsis thereof, in any medical journal, and directing that "no member of or visitor to the Society shall transcribe its proceedings, or any part thereof, for publication, nor publish an epitomization or synopsis of the same."

The object of this act was to prevent the publication of partial and mutilated reports.

The Society is evidently neither wise nor experienced. In time it will learn that seventy-five per cent of society discussion is rubbish, and that medical journals cannot publish them in full and live. No society can long force upon the public, by "Transactions" or "Organs," material not worth publishing.

[No, Friend Shrady, the St. Louis Medical Society is not foolish, but it is very old, the oldest society west of the mountains. It moves very slowly—sometimes, and wisely—often. It does not propose to be "taken in" by any of the wicked medical journals. It is not that kind of a society. It is not foolish; it is only— —waiting. Really,

Friend Shrady, the proceedings are generally interesting, and the society means well, only you do not understand it. Moreover, the resolution was to last only until the publishing committee made satisfactory arrangements, etc. After awhile all will be well, and then you will want our proceedings—possibly.

—Eighteen-eighty-six opens splendidly with two illustrations of new obstetric forceps. Of course we ordered both, and both were very bright and handsome. They were carefully labeled obstetric forceps, Nos. 991, 992, new series, and packed away with due Listerian details.—*N. Y. Med. Abstract.*

—The health officer of Hope, Barry county, Mich., has submitted a report to Dr. Henry B. Baker, secretary of the Michigan State Board of Health, concerning some cases of diphtheria in his township, which illustrates the tenacity with which the contagium of the disease clings to the person and effects of those who are exposed to it.

The report says that two young ladies went to Kalamazoo on a visit, and while there both were stricken with diphtheria. One of them lived nine days, the other eighteen days. Their mother took care of them. After their death she returned to her home in Hope township. Within ten days her youngest child, 3 years old, came down with the disease and died. Another one, 12 years old, recovered, while the father of the family was taken and died.—*Sanitary News.*

—The need of a law to regulate the practice of medicine in Maryland is apparent from the following certificate of death of a bride of two months. The document was filed with the health department after having been used as a subscription paper to collect funds to enable the remains to be buried. It was given by Dr. Johnson, a colored herb doctor, of Stockholm street, and read as follows: "March 3, 1886.—Mrs. Larro Jones, she dide with Liver dease & New Moner she departed from this life & Mat with chance to Make her leafe and got to glory. We ask freands & Brother & Sister for what they Can give to halpe to Bary the body away." It was signed by Dr. Johnson, who reported to the health inspector who was sent to inquire into the subject, that he had no diploma, but was recommended by physicians. This is not all the evidence. Another doctor in Baltimore, who is a possessor of a big diploma, returned a death as having occurred from "inflammation of the intritins," and at another time certified that a woman aged 58 years, died from "cholerai infantams."—*Sanitary News.*

—The following is an abstract of a letter sent by Pasteur in reply to a correspondent who desired to be treated by him: Sir, do not call on me, it would be useless. Every dog, whether it eats or not, that is attacked with rabies, cannot live for more than ten days and will probably die on the eighth. Chain up your dog and be careful not to go within biting distance. If it survive the tenth day you may have an easy mind. Meanwhile attend to your wound; the saliva of a perfectly healthy dog may contain microbes which would cause an abscess. In very rare cases the bites of such dogs have caused septic blood-poisoning. If you find rabid symptoms I will be happy to treat you. I am, etc., *Pasteur.*

—In a paper on "Suicides in England and Wales in Relation to Age, Sex, Season and Occupation," by Dr. Wm. Ogle, M. A., read before the Statistical Society, on February 16, the dry bones of statistics are worked up in a very interesting way. It is shown by the author that the deaths registered in the twenty-six years, 1858-83, in England and Wales, as due to suicide, were 42,630, and in the proportion of seventy-two annually per million persons living. The suicide rate increases rapidly with age until after middle life, but in the more advanced age periods again diminishes. The maximum rate is in the 55 to 65 years period, when it reaches 251 per 1,000,000 persons living. At all age periods, with one exception, the male rate is far higher than the female and the difference between them increases with age. The only exceptional period is the 15 to 20 years period, when the female rate is slightly the higher. Taking all ages together, out of equal numbers living and in the same age distribution, the male suicides are to the female suicides as 267 to 100. It is also shown that the number of suicides vary very definitely with the seasons, forming a regular annual curve, of which the minimum is in December and the maximum in June. The occupations in which the suicide rates are lowest are those which imply rough manual labor, carried on mostly out of doors, and by men who are comparatively uneducated. The occupations with the highest suicide rates are those which are sedentary, and followed by highly educated men, as the learned professions. The commonest methods of suicide is hanging; then follow in order drowning, cut or stab, poison, gun-shot. Women, however, select hanging before drowning, and poison before cut or stab. The choice of method is also affected by age, the young showing a comparative preference for drowning, poison and gun-shot; and by occupation, men using the instruments of their crafts; and by season, drowning being avoided in the cold months. —*London Iron.*

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REPORTS ON PROGRESS.

REPORT ON OPHTHALMOLOGY.

BY ADOLF ALT, M. D.

I. IODOL.—Glaessner.—*Centralblatt fuer prakt. Augenheilkunde*, January, 1886.

II. A CONTRIBUTION TO THE PATHOLOGY OF HEMIANOPSIA OF CENTRAL ORIGIN (CORTEX-HEMIANOPSIA).—E. C. Seguin.—*Journal of Nervous and Mental Diseases.*

III. LIMITATION IN THE VALUE OF GLASSES FOR THE IMPROVEMENT OF VISION AND THE RELIEF OF DISEASE.—St. John Roosa.—*New York Medical Journal*, March 13, 1886.

IV. THE PRESENT STANDING OF TOBACCO-AMBLYOPIA.—J. L. Minor.—*American Journal of Ophthalmology*, February, 1886.

V. THE FLAP EXTRACTION OF SENILE CATARACT.—J. W. Thompson.—*Journal of the American Medical Association*, Feb. 20.

VI. ZUR ÆTIOLOGIE DES GRAUEN STAARS. JUGENDLICHE KATARAKTEN BEI GLASMACHERN.—Meyerhoefer. — *Klin. Monatsbl. fuer Augenheilkunde*, February, 1886. (On the etiology of gray cataract. Juvenile cataracts among glass-blowers.)

VII. QUELQUES RECHERCHES ET QUELQUES REMARQUES SUR LA GREFFE OCULAIRE.—F. Terrier.—*Archives d'ophthalmologie*, Janvier-Fevrier, 1886.

(Researches and remarks on the transplantation of eyeballs.)

IODOL.

With regard to this new remedy and its action in eye affections, Glaessner states the following:

"The preparation which I received was a light brown powder and almost devoid of any smell. I used it as a fine powder for inspergations, for dusting on wounds, and mixed with vaseline as an ointment of from 1 to 3 per cent.

For ulcerations of the cornea and in hypopyon keratitis iodol is equally serviceable as is the iodoform, although the immediate irritation is somewhat more marked. In cases of phlyctenular and trachomatous pannus a two per cent ointment did good service; the same ointment caused a rapid clearing up of superficial opacities in the cornea. In one case of obstinate serous iritis with thick opacities on the posterior surface of the cornea, massage with this ointment brought about the clearing up of these opacities and improvement of vision after a few days, whilst before it had been used, the affection had been stationary for four weeks. It has had no beneficial influence on phlyctenulae of the conjunctiva, whether I used it as a powder or in the form of an ointment. In the final stage of trachoma the iodol ointment seems to accelerate the cure; blepharitis, also, is rapidly cured when treated with the two per cent ointment. In different cases of contused wounds of the eyelids and near them, I dusted iodol on the wound surfaces and the healing took place in a satisfactory manner.

I think iodol is well fitted to take the place of iodoform in ophthalmology, which would be doubly acceptable since it has no disagreeable odor."

[I have had iodol in my possession for a few days only, and have used it in a number of cases. What I have thus far seen of its action seems to make it superior and decidedly preferable to iodoform in ophthalmic practice. This is, however, not saying a great deal, as my experience with iodoform

has not made me very enthusiastic with regard to this remedy.]

A Contribution to the Pathology of Hemianopsia of Central Origin.

In this excellent and most comprehensive article on this important subject, Seguin has not only collected most of the cases published (one reported by myself, *American Journal of Ophthalmology*, Vol. I, No. 2, page 39, for instance, is not among them), but added to them a case from his own careful observation. Guided by the pathological material on hand, he comes to the following conclusions:

1. That lesions in the mesal aspect of the temporal lobes, or even in other basal districts of the hemispheres, may give rise to hemianopsia indirectly by pressing upon the primary optic centres, or upon the tractus optici and chiasm.

2. That lesions of the corpus geniculatum laterale, pulvinar and latero-caudal parts of the thalamus may cause hemianopsia, usually in association with hemianesthesia and hemiplegia, or hemianesthesia alone.

3. That a lesion of the white substance of the occipital lobe, in the caudal radiations of the internal capsule, may cause hemianopsia alone, or with hemianesthesia.

4. That lesions of the supramarginal gyrus, angular gyrus, and inferior parietal lobule with the subjacent white substance may cause hemianopsia, with or without other symptoms, (hemiplegia, loss of muscular sense, word-deafness, etc).

5. That a lesion of greater extent, involving the speech center, the motor convolutions, and the parts enumerated above, (4), due usually to embolism or thrombosis of the entire Sylvian artery, will, when existing on the left side, produce aphasia, alexia, hemianopsia and hemiplegia.

6. That lesions of the occipital lobe, cortex and subjacent white matter produce blindness when bilateral, and hemianopsia when unilateral.

7. That a lesion of the cuneus and adjacent fifth temporal gyrus (Ecker) on one side produces lateral hemianopsia on the other side.

Later on he considers the path of the optic nerve-fibers from the occipital lobe to the retina and gives an excellent diagram in explanation. He then gives the following set of diagnostic rules with reference to the symptom hemianopsia:

1. Lateral hemianopsia always indicates an intra-cranial lesion on the opposite side from the dark fields.

2. Lateral hemianopsia with pupillary immobility, optic neuritis and atrophy, especially if joined with symptoms of basal disease, is due to lesion of one optic tract, or of the primary optic centers on one side.

This diagnosis may be further strengthened and rendered quite certain by seeking for and finding one-sided pupillary reaction, as recently suggested by Wernicke. He ingeniously predicts that only one lateral half of each iris will be found to contract by reflex effect of light when one optic nerve has been interrupted. He designates this as "hemiopic pupillary reaction."

3. Lateral hemianopsia, or sector-like defects of the same geometric order, with hemianesthesia and choreiform or ataxic movements of one-half of the body without marked hemiplegia, is probably due to lesion of the caudo-lateral part of thalamus, or of the caudal division of the internal capsule.

4. Lateral hemianopsia with complete hemiplegia (spastic after a few weeks) and hemianesthesia, is probably caused by an extensive lesion of the internal capsule and its knee and caudal part.

5. Lateral hemipianopsia, with typical hemiplegia (spastic after a few weeks) aphasia if the right side be paralyzed, with little or no anesthesia, is quite certainly due to an extensive superficial lesion in the area supplied by the middle cerebral artery; we would expect to find softening of the motor zone and of the gyri lying at the extremity of the fissure of Sylvius, viz., the inferior parietal lobule, the supra-marginal gyrus and the gyrus angularis. [Embolism or thrombosis of the

Sylvian artery would be the most likely cause of the softening.]

6. Lateral hemianopsia with moderate loss of power in one-half of the body, especially if associated with impairment of muscular sense, would probably be due to a lesion of the inferior parietal lobule and gyrus angularis with their subjacent white substance, penetrating deeply enough to sever or compress the optic fasciculus on its way to the visual center.

7. Lateral hemianopsia without motor, or common sensory symptoms, this symptom alone, is due, I believe, to lesion of the cuneus only, or of it and the grey matter immediately surrounding it on the mesal surface of the occipital lobe, in the hemisphere opposite to the dark half-fields.

Limitation in the Value of Glasses for the Improvement of Vision and the Relief of Disease.

In a paper read before the New York Academy of Medicine, Roosa gives a short résumé of the history of test-letters and the determination of errors of refraction. He states that in infirmary-practice the errors of refraction figure as afflicting about ten to eleven per cent of the patients, and he very properly says that in private practice this percentage is most probably even larger. He then goes on to say that a great many ills of human flesh may in the opinion of many authorities be considered to be caused by an anomaly of refraction and be cured by glasses, (as headache, styes, blepharitis, epiphora, neuralgia, chorea, epilepsy, insomnia, etc). After having further on given it as his opinion, that, in spite of many remarkable cures by the correction of an error of refraction, he does not believe that the whole domain of reflex disease comes naturally under the care of the oculist, nor that even all cases of apparently pure and simple asthenopia may be caused by glasses, Roosa cites a number of cases from his own practice in which reflex phenomena were relieved or cured by the correction of a present error of refraction. He fears that the whole profession is not fully alive to the value of properly adjusted glasses, especially in cases with symptoms referred to the head and eyes. Uterine asthenopia he has never been able to materially alleviate, nor has he seen any benefit in the correction of trifling errors of refraction in hysterical subjects.

He ends with the following words:

"Our imperfect knowledge as yet does not always enable us to say what are all the factors in a given case of disease. That there are often many, and seldom one alone, is scarcely to be denied. A narrow specialism will never find any comfort in the study of the woes of the human body. The various causes of disease are too complex and concealed in very many, if not in the majority, of cases to be found in the abnormal condition or action of one organ. While the correction of errors of refraction and accomodadation, and the unburdening of overloaded ocular muscles, will do much to alleviate the asperities of human existence, these things are not as yet a panacea even for neuroses, much less for inflammatory diseases. In our hopes for cure in employing these methods, we still require to avoid skepticism on the one hand and excessive confidence on the other. *Medio tutissimus ibis.*"

The Present Standing of Tobacco Amblyopia.

In a very well prepared paper on the subject of tobacco amblyopia Minor at first gives the opinions of some twenty-four authorities on this important question. He shows that nine of the authorities are committed to the theory of tobacco amaurosis, eight of them give their *quasi* acquiescence to the theory, "and the remainder deny the existence of this form of amblyopia altogether." He feels himself in a pos ition to join these latter authorities, and gives ten cases—two of which do not belong here, since they are of central origin—from his own practice, which in his opinion prove the assertion that there is no such thing as tobacco amblyopia. He was forced into this position by the following experience: "Rather early in my practice of

ophthalmology, I treated a case of tobacco amaurosis to a successful termination. I received a rude shock, however, when the patient told me that he had taken my medicine, but had continued the use of tobacco throughout the entire course of treatment. I was forced into admitting my mistake, and became more careful in my observations, and up to the present time I have not seen a case in which I felt justified in making the diagnosis of tobacco amaurosis."

[I think the author of this paper allowed the mere fact of a patient having continued smoking while he was notwithstanding successfully treated, to influence his judgement too much. Even granted that these patients keep on smoking, but take a medicine which, by making their nervous system more resistant, lessens the bad effect of the tobacco, does that prove, that there is no such thing as tobacco amblyopia? What does such an experience with a few similar cases amount to in comparison with the undeniable fact, that a tobacco amblyopia (in the existence of which I for one firmly believe) may be absolutely relieved—and I have seen it time and again—in some patients by their stopping the use of tobacco and taking *no* medicine at all ?]

The Flap-Extraction of Senile Cataract.

The paper by Thompson advocates the flap-extraction of cataract with a preliminary iridectomy, the section lying totally in the corneal tissue and being made upwards.

[This paper brings two apparently new points to the knowledge of its readers which should here be noted. The first is, that according to Thompson cocaine does not lessen the tension of the anterior chamber "any more than atropine." I cannot see how the author can make such a statement. The fact that cocaine lessens the tonus of the eye, were it not already proven manometrically, is very disagreeably noticeable during every operation on the cornea, and the experience of many authorities on this question should not so easily be thrown overboard. Thompson is most assuredly mistaken in this statement, and his error is, perhaps, due to the fact that he uses atropine and cocaine combined before his operations.

The second apparently new point taught by Thompson is found in the following sentences: "Instead of using the ordinary pricker or cystotome for incising the capsule of the lens I have, with very satisfactory success in a large number of cases adopted a very different method. I employ the point of a Graefe cataract knife to split the upper segment of the capsule, large enough to permit the exit of the lens, etc." From this statement the reader would imply that this method is original with Thompson. It is, however, not so, but has been, although an older method, brought more recently before the profession by Knapp in his article on peripheral capsulotomy.]

On the Etiology of Gray Cataract. Juvenile Cataracts among Glass-Blowers.

A very interesting and, I think, important addition to our knowledge of the etiology of cataract has been given by the paper of Meyerhoefer. He observed that among 506 glass-blowers examined by him there were fifty-nine, or 11.6 per cent, afflicted with dimness of the crystalline lens. After a careful sifting of the material at his hands he finds that the cataract is developed in a large majority of the cases in the left eye only, which is the side of the body most exposed to the enormous heat of the furnace. This fact would bring him to the conclusion that the enormous heat alone was the cause of a drying out of the lens substance and consequent formation of cataract, had not seven of the cases been confined to the right eye.

[These seven cases would not seem to prove anything against such an assumption, if, perhaps, as is, however, not stated, these cases were left-handed and therefore exposed the right side of their body to the heat more than the left one, as do the right-sided individuals. Meyerhoefer sees, therefore, a second and perhaps, more important etiological momentum for the formation of cataract in the enor-

mous transpiration and consequent withdrawal of fluids from the body of the glass-workers. His experience thus strengthens very materially the theory which sees the cause of diabetic cataract in the withdrawal of fluids from the body.]

Some Researches and Some Remarks on the Transplantation of Eyeballs.

Since Chibret has first reported his (though unsuccessful) case of transplanting a rabbit's eye into the orbit of man, several communications have been made, and some of them have seemed to be rather enthusiastic. Terrier records two experiments in this direction of his own, besides those of Chibret, Rohmer and Bradford. In his first experiment he followed the method of Chibret, and was unsuccessful, like him. In his second experiment, he adopted the procedure of Bradford, who considered his case to be a success two months and twenty days after the operation. The implanted rabbit's eye in Bradford's case was in the following condition: "The eyeball is of normal volume, shape and tension; in the outer part of the cornea there is a cicatrix due to an ulcer which occupied about one-sixth of the area of this membrane. The conjunctiva is normal, the iris a little dull, the pupil moderately dilated, and it does not contract under the influence of light. In the vitreous body are some opacities, and the optic papilla is very indistinct. The movements of the eyeball are free and good in all directions." Terrier's case was, however, not only not successful, he was even forced to enucleate the implanted (shrunken) eyeball in order to avoid sympathetic trouble. Yet, he attributes the bad success in this case chiefly to an existing entropium which by constant irritation caused ulceration of the cornea on the nineteenth day.

[The experimental transplantation of eyeballs in order to insure a cosmetic effect is certainly a procedure of great importance, if success in this direction can be accomplished, and it seems to have been done in Bradford's case at least. A final opinion on the practical value of these experiments can as yet not be formed. I think, however, that it will hardly be our luck, besides the cosmetic effect, to gain in this way, as Bradford hopes, even a re-establishment of the function of such an eye by suture of the optic nerve; and should this even be shown to be possible by future experiments, I am afraid the owner of an implanted rabbit's or dog's eye would have more cause to complain of than to be pleased with the success.]

OBSTETRICS AND GYNECOLOGY.

BY W. L. BARRET, M. D.

I. Watery Discharges of Pregnant Women.—C. E. Earle—*Chicago Med. Journal and Examiner*, March, 1886.

II. Induction of Premature Labor—*Cincinnati Med. News*, Jan. 1886.

III. Possibility of Diagnosticating Pregnancy—*Denver Med. Times*, Feb., 1886.

IV. Santonine in Amenorrhea and in Dysmenorrhea.—Dr. J. Cheron.—*Canada Med. Record*,

V. Vomiting of Pregnancy.—Dr. Holtz. —*The Canada Med. Record*, Jan. '86.

VI. The Influence of Intermittent Fever on Pregnancy and on the Fetus. —Behrman.—*American Journal of the Med. Sciences*, Jan. '86.

VII. A New Sign of Pregnancy.—Compes.—*American Journal of the Med. Sciences*, Jan. '86.

VIII. The Etiology of Contagious Vulvo-Vaginitis.— Cséri. —*The American Lancet*, March, 1886.

IX. A Year's Work in Laparotomy.—Wm. Goodell.— *Obstetric Gazette*, Feb. '86.

X. Permanganate of Potassium in the Treatment of Amennorrhea.—Fordyce Barker.—*Kan. City Med. Record.*

XI. Sacculation of Female Urethra.—Lawson Tait.—*Kan. City Med. Record.*

The Watery Discharges of Pregnant Women.

Dr. C. W. Earle, contributes a careful compilation on the above subject to the Chicago

Gynecological Society, in which some interesting cases of this class are reported. The etiologies of these discharges are: first, accumulations between the amnion and chorion; second, rupture of lymphatic vessels; third, rupture of membranes at some remote point; fourth, discharge from glands of cervix; fifth, hydatiform degeneration of the ovum; sixth, cauliflower excrescences.

Induction of Premature Labor.

Dr. T. Gaillard Thomas says: The method of inducing premature labor which I now invariably adopt is a very simple, and is at the same time a perfectly efficient one. The patient is placed across the bed, with the buttocks resting near the edge, and under is arranged a large piece of rubber or oil-cloth in such a way as to drain into a tub on the floor. In this tub we put one or two gallons of water at a temperature of ninety-eight degrees Fahrenheit. The operator stands between the thighs of the patient, whose knees should be properly supported, and employing a syringe with a long nozzle, which is carried up as far into the cervical canal as it will go, he keeps a steady stream directly against the membranes. In the course of ten minutes the os will be the size of a silver half dollar, and when dilatation to this extent has been accomplished, he is to insert a gum catheter between the membranes and the uterine walls. The patient is then put to bed, rhythmical uterine contractions soon follow, and the labor is completed in a few hours.

Diagnosis of Pregnancy.

Dr. T. G. Thomas announces as his opinion that the diagnosis of pregnancy before the expiration of three months from the date of conception is an impossibility. He reminds examiners of women whose menses have stopped, that the recollection of this simple fact will suffice to prevent error.

Santonine in Amennorrhea and Dysmenorrhea.

Dr. J. Cheron recommends santonine in certain forms of amenorrhea and also of dysmenorrhea. He prescribes one and a half grains at a dose, either in pill form or in a solution of alcohol and syrup. He says it improves the appetite, has a decided tonic effect, and exercises a marked influence in relieving the conditions mentioned.

Another Remedy for Vomiting of Pregnancy.

Still another remedy for this much medicated condition has been found in the hydrate of cocaine. When every thing else had failed, when hope had fled, and abortion seemed the only alternative, Dr. Holtz gave his patient a hypodermic injection of cocaine, and the vomiting ceased. The writer is happy to record this instance as one of the few in which cocaine has appeared to be good for anything, except for local anesthesia.

The Influence of Intermittent Fever on Pregnancy, and on the Fetus.

1st. Intermittent fever is common during pregnancy and more common in the last than the first half of gestation.

2nd. Pregnancy does not affect the type of the disease.

3rd. During pregnancy intermittent is more difficult to cure and more likely to relapse.

4th. Labor usually commences on the day and hour at which the febrile paroxysm sets in.

5th. During labor and during the puerpal state attacks occur and pursue the same course as in the non-pregnant, except that in the puerperal condition the fever is not characterized by distinct intermissions.

6th. Intermittent fever does not render the woman more liable to other puerperal diseases.

7th. The fetus is affected by these attacks as by other elevations of temperature.

8th. A severe attack may cause the death of the fetus.

9th. Intermittent in the mother may cause the intrauterine fetus to have the same disease.

Behrman concludes his paper with the record of two cases in which the new born child was attacked the second day after birth with convulsions and cyanosis, followed by a febrile paroxysm lasting several hours. The spleen of the infants was enlarged and tender and their sickness cured by quinia.

A New Sign of Pregnancy.

This sign first described, by Hegar consists in a softening of the lower segment of the uterus. The change is said to be most apparent at the middle portion of the lower segment, and in the median line, the sides of the organ being much firmer and more resistant. The method of making the examination is thus described by Compes, who has practiced it extensively, and formed a high opinion of its utility: The thumb is introduced per vaginam till it reaches the cervix, and the index finger per rectum till it passes beyond the sacro-uterine ligaments; the other hand is placed on the abdomen immediately above the symphysis and pressed down towards the finger in the rectum; the rectal finger is made to explore the cervix and the lower uterine segment in all its parts, and lastly the higher parts of the uterus. The examination is facilitated by pulling the uterus down with forceps or a hook. Compes regards this sign as positive, and says it is available as early as the second month.

The Etiology of Contagious Vulvo-vaginitis of Children.

Cséri, in the *Wiener Med. Wochenschrift*, 1885, No. 22–23, states that the contagiousness of many cases of colpitis has long been known to the physicians of the Stephamé children's hospital at Pesth, where it has often been endemic.

Since October, 1883, the secretions from twenty-six girls, from two to ten years of age, have been examined microscopically, and in all the cases a diplococcus has been found, which bears a striking resemblance to the gonococcus of Neisser. The identity of these and the question whether vulvo-vaginitis and blenorrhea have the same import, must still remain unanswered, as the culture experiments are not yet finished. Both cocci, however, appear to be biologically identical. The contagiousness of the secretion is very great, and if brought in contact with the conjunctiva, may imperil the eye. A myopic attendant (Prof. Bókai communication) became infected in the eye while giving a douche to a child suffering from colpitis. The eye was lost as the result of the subsequent conjunctival blenorrhea. The disease is generally spread by clothing, bedding, attendants, etc. (*Centralblatt f. Gynekologie*, No. 44, 1885.

A Year's Work in Laparotomy.

Dr. Wm. Goodell read a paper with the above title from which it appeared that he had performed forty-four laparotomies during the past year with the following result:

	Cases.	Deaths.	Recoveries.
Ovariotomy, - -	28	2	26
Oophorectomy, -	9	1	8
Hysterectomy, -	2	1	1
Exploratory incision,	4	0	4
Pelvic abscess, -	1	0	1
Totals, - -	44	4	40

Laparotomy in this country is rapidly approaching the success that has characterized the operation in Europe. Dr. Goodell has done much in his last year's work to promote that much desired end.

Permanganate of Potassium in the Treatment of Amenorrhea[1]

Fordyce Barker,[1] M. D., LL. D., (*N. Y. Medical Journal*) says:

For many years, as you perhaps may know, in my lectures to medical students, I was accustomed to express my incredulity as to whether any article known to the materia medica could be regarded as possessing the property of a direct emmenagogue. Of course, in common with all other physicians who have been some years in practice, I have

1. An abstract of a letter to Dr. C. E. Billengton, by whom it was read before the Section in Materia Medica and Therapeutics of the New York Academy of Medicine, February 17, 1886.

had my full share of experience in the use, for this purpose, of iron, aloes, myrrh, savine, rue, and other agents of this character, and have often seen menstruation return apparently as a consequence, but I never was convinced that this result was due to a direct influence on the uterus or its functions. For some fifteen years or more I found more success in the use of capsules of apiol, two or three times a day, commencing three days before the menstrual period. But this often failed, and I was never able to determine the precise conditions where it would be useful or where it would fail. I therefore only prescribed it empirically, hoping for success.

I think that it was about five years ago that I was told by a physician in London that Dr. Sydney Ringer had found the permanganate of potassium a very efficient emmenagogue. I was prepared to receive the statement favorably, from the well-known property of the different preparations of potassium of rapid diffusion through the blood, and from my experience in the great value of the chlorate of potassium in the treatment of chlorosis associated with amenorrhea, as in my clinical lectures I taught for many years.

For the past four years I have used the permanganate of potassium exclusively when an emmenagogue was indicated, except in a limited class of cases of sudden suppression, to which I shall subsequently refer.

As you will doubtless discuss fully the action of the permanganate in its scientific aspect, I will restrict what I have to say to my clinical experience, and this can be more clearly illustrated by referring to groups of cases.

I first prescribed the permanganate in September, 1881, to a lady, thirty-six years of age, who had resided in Europe for the previous nine years. Some two years before an obscure form of disease of the nervous system had followed a severe moral shock, and she was under the treatment of Dr. Brown-Sequard for several months. She finally became insane, and was in a *maison de santé* in Paris for ten months. She left this institution in March, before I saw her, rational, but morbid, irritable, and so suspicious as to make the lives of members of her family a burden, particularly for several days each month. Her general health was pretty good, but she had not menstruated for twelve months.

While I gave general directions as to her health in the use of laxatives, diet, open air exercise, etc., I prescribed for the amenorrhea two grains of the permanganate of potassium three times a day. In four days menstruation came on and lasted three days. This was followed by such an improvement in her condition, physically and morally, that I ceased my attendance. Seven weeks after I was again called, and found her very nearly in the same state as at my first visit. She had not menstruated the previous month. The use of the permanganate was repeated, with the same result. This treatment was resumed the three subsequent months. Since then this lady has been physically well and morally happy, making her family also happy.

This success led to a further trial of this agent, and since that time I have used it in comparatively a large number of cases. I say comparatively, because I think no man can say that he has treated really a large number of cases of amenorrhea.

In order more clearly to illustrate my views, I will divide the cases which I have treated with this remedy into three groups, mentioning them in the order of their frequency.

First.—Young ladies between the ages of fourteen and nineteen, who come from the country "to finish their education." Homesickness, entire change of their habits of life and associations, over-tax of their brain power from their own or their teachers' ambition to accomplish more in a given time than they ought to attempt, not unfrequently lead to an arrest of menstruation. I see at least ten or fifteen such patients every winter.

Second.—Ladies, both young and married, who suffer severely from sea-sickness, that have left some European port within a few days of the menstrual period. With such, amenorrhea, of longer or shorter duration, is

always sure to follow. I am consulted by at least eight or ten such every year.

Third.—Ladies between thirty and forty, generally married, ome of whom have borne children, who rapidly begin to gain flesh, grow stout, while at the same time menstruation decreases in both duration and quantity, until at last it is only a mere pretense. This is generally attended with annoying nerve-disturbances, pelvic weight, sometimes hemorrhoids, and often mental depression from the apprehension of growing old prematurely.

Now, it requires some moral courage on my part, for me to boldly avow that never, where in either of these classes of cases I have prescribed the permanganate of potassium, have I *known* it to fail.

But this assertion requires explanation. The patients of this kind for whom I have prescribed have, with but two exceptions, not been those met with in my family practice or that of Dr. A. A. Smith, but have come to me for the special treatment of amenorrhea, many of them from out of the city, and from other parts of the country.

In all prescriptions for the permanganate, I write to the apothecary, "Return the prescription," and direct the patients to continue the use of the medicine, if necessary, for at least three months, and especially urge them to report to me, either personally or by letter, if the end is not accomplished. Many such have reported that all was right; many others from out of town I have not heard from, and perhaps I am wrong in believing that the treatment was successful. I must add that, with this specific treatment, I endeavored not to neglect any other measures necessary to keep up a healthy and regular action of other functions.

I will add, in regard to the third class in my group, that every patient was a resident of this city. I presume that every medical man who has been long in practice has met with some such. In all these I have known the result from personal interviews—that there has been a satisfactory return of menstruation, although in two cases the use of the remedy was continued for five months. In all there has been entire relief of the cerebral and pelvic, and in some of the thoracic, nerve-disturbances, cardiac and pulmonary. One patient was quite cured of periodical asthma from which she had suffered monthly for three years.

Of course, I never prescribe this agent in cases where the amenorrhea is due to some grave constitutional disease, nor do I rely on it for the relief of sudden suppression, due to cold, moral shock, or an acute disease. In this class I think the pulsatilla, opiates, and local agents, fomentations and large hot rectal enemas, are greatly successful.

In my early experience I found great difficulty in getting the permanganate put up by apothecaries in such a way that patients could take it without great repugnance, and it often produced severe gastric pain, from its rapid decomposition. Mr. Angelo for a time put it up for me in a peculiar capsule, which did better than anything else, so far as the taste was concerned, and the pain was prevented by swallowing immediately a half-tumblerful of water, not cold. Latterly I have found two-grain tablets do quite as well, if the same quantity of water is swallowed at once. Fraser & Co. have recently prepared it in grain pills, but I have not yet had the opportunity of trying them.

That all may judge how much weight should be attached to my clinical experience, I will add that I find by the stubs of my office prescription book that I have prescribed the permanganate of potassium forty-three times since November 17, 1881, which exactly represents the number of case of amenorrhea, of the groups mentioned before, as in this time I can not recall an instance where I have made a domicile visit for this disease.

Sacculation of Female Urethra.

Lawson Tait reports several cases of what he denominates sacculated urethra in the female. "On examination a tumor continuous with the bladder presented itself between the nymphæ, resembling an ordinary cystic vaginocele, save that it was tender on pressure." The patient complained of the invol-

untary escape of fetid urine in the interval of the acts of urination, and sometimes at the end of the act of urination, and when pressure was made on the tumor a few drops of the same fetid urine escaped. Tait's method of treatment was to introduce a catheter, cut out an elliptical section of the tumor, dissect off the redundant mucous membrane and close the wound over the catheter with deep, silver sutures. The catheter was allowed to remain in situ for five or six days. The author refers the condition to a defect in development, by which a diverticulum is formed by the faulty union of the primal folds. The cases appear to the colaborator to be cases of ordinary urethrocele so graphically described, so logically explained, and treated with such eminent surgical skill by Dr. T. A. Emmet.

The condition is the result, as Dr. Emmet has pointed out, of injuries inflicted in parturition, and not of congenital malformation, as Mr. Tait supposes. The reviewer has never seen this condition in women who had not borne children. Dr. Emmet's method of making a button-hole incision into the urethra is more surgical, more in accord with the pathological condition, and is superior for several important reasons to that of Mr. Tait. Chief among these reasons is the fact that the urethra has undergone organic changes that require time and rest for repair, and these conditions are not fulfilled by Mr. Tait's method of treatment.

CONTRIBUTION.

AN OUTLINE BRIEF IN THE MANAGEMENT OF MELANCHOLIA.

DESIGNED CHIEFLY FOR THE HOME PHYSICIAN.—WRITTEN BY PERSONAL REQUEST.[1]

BY C. H. HUGHES, M. D., ST. LOUIS.

Former Superintendent of Missouri State Lunatic Asylum No. 1. Lecturer on Mental and Nervous Diseases, St. Louis Medical College.

The court physician's reply to the king's interrogatory as to the power of the doctor "to minister to a mind diseased" and "raze out the written troubles of the brain"—that "therein the patient must minister to himself," is not the response which medical art to-day gives to the significant question, "What shall be done for melancholia?" Though many physicians still answer the question in the same manner as Macbeth's physician did, not recognizing, as the stern old king implies in his speech, that the trouble is written in the brain, registered, as we now say, in neurotic change of the ganglion cells of the grey cortex; that the "memory of a rooted sorrow" may be recorded in a morbidly impressed self-consciousness, in which antecedent, concomitant or subsequent molecular cell changes have occurred in the perceptive or ideational centers of the grey matter of the brain; not realizing the ganglionic depression which accompanies, precedes and follows the melancholic seizure which not only "stuffs the bosom" and "weighs upon the heart," as the impetuous war frenzied Macbeth discerned, but congests the liver, disturbs the kidneys, depresses the activity of the bowels, lowers the cutaneous functions, diminishes gastric and duodenal digestion, and takes away appetite for food and inclination to recuperative sleep. Appreciating far less clearly than Hippocrates did, the physical substratum of this form of mental disease, for did not the father of physic locate melancholia in atrabilis, and did not his friend Democritus "cut up and anatomize" an animal with the view of locating this disease where this physician had placed it—in the liver?

Neither Hippocrates nor his philosophic friend Democritus had yet learned how, through the sympathetic and associate vasomotor systems and their indirect but intimate connection with the intra-cranial nerves, they mutually influenced each other in disease. In their day it had not been demonstrated that the gastric filaments of the left pneumogastric join with those of the hepatic plexus of the sympathetic to enter the transverse fissure of the liver, but the old clinician of antiquity, (whose accuracy of observation, if we consider his comparatively circumscribed opportunities of seeing the minutest mechanism and movements of the organism which the later discovered and utilized lens has revealed, has never been excelled), recognized clinical facts when he saw them, and like the old masters in art, who painted and chisled out the human form before Vesalius made human anatomy an exact science, has given us some unequalled reproductions of nature; notably among them his masterly descriptions of hysteria, which have not been materially

1. This paper was read in December, 1885, before the St. Louis Medical Society, but has not been hitherto published.

improved upon in the more modernly designated hystero-neuroses and the recognized hepatic torpidity associated so often, and, almost invariably, with melancholia agitata. Though not the cause of it, as the old clinician of Cos supposed, yet from its long observed and often intimate association with a sluggish and deranged liver, the disease still bears the name which he has handed down to us, μελας χολή—black-bile, melancholia.

The hepatic secretion was black from long retention and torpid action of the liver and bowels, and was a prominent clinical feature in his day, as it is in ours, in the most marked cases, misleading many physicians, who, recognizing the somatic relations of melancholia, and searching for an organic cause, locate it in the viscera alone, which they find affected, and not in their controlling mechanism, where it properly belongs, namely, in the cerebro-spinal and allied ganglionic nervous systems.

The *Klopf-versuch* of Goltz and other intestinal concussions and irritations which the physiologists have shown to inhibit cardiac movement and interfere with normal cerebration, had not been made in the days of Hippocrates, but nature had made her experiments before him, through morbid actions, and he was not blind that he could not, in part at least, see and interpret them.

Others, finding the digestion deranged, will seek to remedy the head through correcting the state of the stomach, and wisely, if they do not stop at this treatment. Others, finding constipation, will like Celsus of old, reckon it to be the cause, and by evacuating the bowels, do great good through relief to the portal circulation, the hemorrhoidal vessels and stimulation of the abdominal, ganglionic and general sympathetic system.

Burton in his Anatomy of Melancholy tells us how a young merchant, going to Nordelung Fair in Germany, for ten days' space never went to stool, who became greviously melancholic, thinking he was robbed. Cnelius, a physician, found his costiveness alone to be the cause, and thereupon gave him a clyster, by which he was speedily "recovered;" and of a melancholy lawyer to whom Trincavellius administered physic, and of another patient "who was bound and, therefore, melancholy affected," mistaking compacted bowels for the cause instead of the atonic state of the involuntary nervous system, upon which intestinal, gastric and hepatic torpidity largely depends. Constipation is a frequently associated condition of melancholia, but it has never been the sole cause of it.

The ancients sought its cause in menstrual and hemorrhoidal suppression, and by regulating them sometimes cured it, just as is done to.day in some cases.

Some more modern physicians, finding the urine surcharged with lithates or albumen, will locate the disease in the kidneys; and glycosuria, which is but a symptom, I have known to have been treated as a diabetes, with damaging low diet.

The dry skin will attract the special attention of some, the dull and yellow conjunctiva that of others, and they all deserve attention, just as the sluggish bowels, the fitful and inadequate sleep, and the restlessness and apprehension, or the silent and stolid demeanor, but if we single out a few of these special physical symptoms (for they are seldom all present in a single case), and treat them as the disease or its cause, we make the too common mistake, which has been made in the management of melancholia. The real morbid condition underlies these physical symptomatic evidences.

With this erroneous view of what is considered are the causes and conditions of melancholia, some physicians, discerning no appreciable physical derangement of well-known viscera or of the so-called bodily functions and recognizing no mental disease in the disordered and painfully perverted psychical sensations, because they are unskilled by clinical experience in psychic symptomatology, and seeing in the unfortunate patient a capacity to converse rationally and reason logically upon every thing disconnected from their lowness of spirits, will counsel in the spirit of Macbeth's physician, throwing the responsibility of recovery upon the unfortunate and mentally burdened patient, who, rendered desperate under the organic depression which weights his mind like an incubus, will likely seek relief, (if not wisely circumvented), in desperate resources. Afraid of death and still weary of his life while he fears, "yet in a contrary humor," as Galen wrote, "makes way with himself."

The time will come, sooner or later, in the progress of this malady of the affective life, when the impaired psychical inhibitory powers will become paralyzed, and the intellect and volition can not longer check the fatal impulses which spring out of the morbid feeling, like the resistless convulsive impulse, contraction or paralysis, of a morbidly involved motor center of the spinal cord or brain, and a record of self-destruction ends the patient's mental misery and refutes the incautious and mistaken diagnosis.

Or, possibly, the patient may pass, if proper treatment be neglected, through such mis-

taken medical views or through injudicious counsel or unwise action of the victim's friends from his "sadness into a fast," and starve himself to death, a very common form of death in melancholic maladies, or as Polonius further describes:

> "Thence to a watch;
> Thence into a weakness;
> Thence into a lightness;
> Thence into a madness,"

a not uncommon gradation and result. Melancholia is, if unarrested, a most frequent precursor of mania, as the records of all asylums for the insane attest, and as would be much more fully shown but for the daily occurring suicides which constantly cut off melancholics and thus prevent this disease of the nervous system from maturing into mania. Insanity is the great outlying morbid sea into which, if unarrested, many more lightly regarded nervous maladies than melancholia flow, either in the affected individual or in his descendants, and habitual or oft recurring lowness of spirits without profoundly adequate moral cause, is a malady which ought not to be lightly esteemed, either by physician or patient, just as the morbid timidity and fears of incipient neuratrophia are worthy of most considerate attention.

We have reached a period in the progress of medicine when psychical symptomatology ought to be no less regarded than disorders of the more grossly appreciated physical functions. Psychiatry has become a medical science with a subtle symptomatology based on molecular perversions. It is in nerve element, especially in that which enters into the composition of the brain, that the involution of energy, as Gowers observes, reaches the highest known degree. The precise number of the nerve elements of the whole brain is not known, but their great number confounds us. The cortex alone contains probably more than eight hundred millions of cells, but notwithstanding its complexity, the compactness of its structural plan makes it comparatively simple. Its great number of structural elements is small in variety of form or size, and the connecting strands differ but little from each other. Take for example the countless thousands of cells of the six or seven layers of gray matter, varying in size from one three-hundredths to one thirteen-thousandths of an inch in diameter. A dozen varieties in shape and size would embrace them all, yet they vary in size and shape in the different layers, and somewhat in different convolutions, presenting the distinctive features in the superficial, small and large pyramidal, granule and fusiform layers, while their connecting fibers pass from one to another and downward into the subjacent white substance, and in every direction making intimate connections with the basal ganglia. The medullary matter is a mass of fibers and fibrillæ passing in every direction, in the same hemisphere to establish functional association. We may trace the white fibers also through the corpus callosum to the opposite hemisphere, and they converge from radius to center in the internal capsule and optic thalamus, in the crus cerebri, tractus opticus, geniculate and quadrigeminate bodies.

This aggregate of neural activities has its physiological centers of diverse function like the individuals of the body politic, having also a community of action and interest. Cell groups have their functional activities in association, not only with their neighbor centers, but with centers in different hemispheres of the brain and with mechanisms of energy beyond the hemispherical or basal ganglia, in distant parts of the cerebro-spinal axis and the connected ganglionic system of the sympathetic. Man's neural mechanism consists of many distinct but closely associated parts. The scalpel, staining process and the lens, of the neural necroscopist, have revealed this much of the most complex of organisms subserving the most complex and wondrous purposes of discernable, but incomprehensible function. But neither the microscope nor other power of science can penetrate beyond these relatively coarse outlines of living neural organism. Cautious scientists have conjectured that each nerve cell contains countless atoms. The diverse psychical responses (beyond our capacity to number them) to peripheral cerebral impression of a physiological character, as we see in the varying mental characteristics of man and nations; the aberrant movements of a cerebrum deranged by the varieties of mania as we see them especially displayed in the asylums for the insane; the selective affinities of drugs and poisons for particular parts of the spinal cord or brain, as we see manifested in specific and limited disturbances of sensation, perception, ideation, motility, emotion and will; the law of physiological selection for trophic purposes, as well as the reverse elective affinities of disease for certain cells and tissues, and leaving others untouched, together with the law of secondary degeneration, following the course of normal functional conduction from the affected ganglion, and confining itself to continuity of tissue, reveals a world of knowledge respecting the diversified nature of the nerve elements, showing us

differences more subtle than microscope or chemistry have yet discovered, and revealing at the same time both a new realm of knowledge and a wider domain of mystery for future science to study.

With all of this knowledge, demonstrable and reasonable, of the most complex functional activity inseparably allied to organism in the minutest components of the centrum ovale and superimposed gray matter of the cerebral convolutions, who will deny to psychiatry, a substratum pathology, or who shall dare to say that because no sensible disease appreciable to the unassisted eye is discernible in the abdominal or thoracic viscera or elsewhere in the body, that, therefore, there is no disease demanding the physician's attention in melancholia, or that without necroscopic proof, when ante-mortem organic disease is undiscovered by ordinary methods of physical explanation, the conclusion of disease is fallacious ? The psychical symptomatology is itself confirmation sure of morbid lesion in the brain of the melancholiac.

Yet it has been not uncommon in my experience to be called in to take charge of cases of melancholia, which have for many months and sometimes even for years been so regarded by the family physician, or treated as forms of hysteria. A most dangerous error of diagnosis, both to the welfare of the patient and to the final reputation of the medical adviser among discerning people.

(I would like, if it were in place here, to protest against the lightness, with which hysteria is too often regarded by the profession and the little gravity attached to its symptomatology, for while, as compared with the profound neuropathic conditions which it often simulates, it is a slight neurosis, it is a grave psychosis and its victims should receive our most skilful attention, not so much during the paroxsym as during the interim of their recurrence, with a view to reforming the neuropathic instability of organism, which makes the morbid paroxysmal recurrences possible).

The *rationale* of this cursory survey is that the melancholiac is a subject of study and treatment from *tarsi* to *caput*. That while the head is chiefly at fault, various parts of the organism may be at the same time conjointly deranged, but not one part exclusively, but the whole nervous system, demanding the physician's most skilful attention.

Mind in its normal manifestation is a symptom of cerebral health. Its abnormal displays are symptomatic of disease.

Post-mortems of the brain in simple melancholia have been few because melancholiacs who have died by self-violence outside of asylums, have either not been strongly suspected of insanity or have had those about them who would either not allow or who did not desire autopsies. The rigid surveillance of asylums for the insane usually prevents those who are sent to them from self destruction, and the melancholiac either recovers as a rule or passes downward into the graver degenerative cerebral change, characteristic of chronic mania or dementia.

The prognosis in melancholia is favorable, and depends upon the duration of the disease and the degree of morbid degeneration established. In the early stage, mainly of cerebral enervation or neurotrophic and vascular depression, the chances are very good. Patients recover after many years in asylums—after six, seven and even ten years, occasionally as I have seen them do—so that melancholia can not be said to be, like general paralysis, absolutely incurable, and the chief danger out of asylums is from self-destruction and unskilful care and treatment. Asylum treatment is not indispensable to melancholiacs if they are so circumstanced as to be able to receive proper management, which comprehends speedy, skilled medical and personal care, constant watchfulness, timely rest, recreation, exercise, sleep and adequate nourishment. Under these circumstances more patients can be successfully treated at home, especially if the exciting causes of their mental depression do not persist there. About one-half of all cases judiciously managed recover. Some cases should be immediately removed to an asylum. Some should only be taken away from home for treatment. Recovery in melancholia is ordinarily gradual, extending over a period of from three to twelve months. Sudden appearances of recovery should be suspected. The patient should be closely watched till time confirms the genuineness of the improvement. A melancholiac may have an hour of cheerfulness before bed time and kill himself during the night or in the morning, or he may feign cheerfulness while planning or accomplishing a tragedy. A half an hour of lucid cheerfulness may disarm suspicion while the victim of our unwise confidence ends his misery in self-destruction. Unremitting vigilance is the price of the patient's safety.

Long persisting, fixed delusions, of a limited and definite character more endanger the patient's chances of recovery than changeable ones. They point to chronic morbid organic activity; and duration of symptom in mental disease is on the same footing with reference to eradicability as long continued morbid expression in general.

But long standing cases do sometimes recover, especially after sudden and profound impression on the organism—moral or physical. An intercurrent disease, a violent accident, the death of a dear friend, a sudden and overwhelming reverse of fortune, have sometimes by some kind of revulsion, arrested the morbid processes in the innermost recesses of the brain, and established the beginning of a final, permanent restoration. A powerfully diverting moral shock sometimes arrests and permanently changes the abnormal and painful self-introversion, causing the mind to look upon its environments in a new light, while new and healthier molecular activities take the place of those arrested by the shock.

A great therapeutic principle is here suggested. viz., that of mental diversion, which is habitually taken advantage of in the management of these cases by those who best understand their treatment.

The patient is not to be sympathized with or soothed and consoled by repeated reference to his depression of spirits or the real or imaginary cause, but rather diverted by cheerful personal demeanor and surroundings, lively speech and incentives to cheerful mental activity.

Progress towards recovery of the melancholiac will be accelerated or retarded according to the success we achieve in removing its moral and physical causes. If the exciting moral cause persists and remains forever present with the patient, unless that cause be slight, as compared with a remediable physical cause, there is slight hope of cure.

Whatever may be the cause we must remove it if we can. If we can not, we must remove the patient from its influence. If we can not do this, we must fit the patient so far as we can to sustain the shock and resist its effects.

Time assuages a great grief and dulls the edge of sorrow. A storm of adverse fortune will sweep by and leave the patient finally unharmed, if we take care of the organism during the violence of the gale. The darkest storm clouds that gather over the mental horizon are sooner or later lifted, if we can save the mind from wreck during the height of the storm's violence. The vessel may be driven violently before the wind, but good seamanship, by neglecting no means of keeping her seaworthy and in safe water, may enable her to ride out the most violent storm.

The seaworthy human craft, storm-tossed in the angry sea of life's bitter experiences, finds the best mariner and helmsman in the thoroughly experienced physician. The emunctories of the body in melancholia, like the pumps of a storm-imperilled ship, are often out of order when they are most needed. They need to be put into healthy action.

[TO BE CONTINUED.]

CLINICAL LECTURE.

RECTOCELE AND PROLAPSE OF THE VAGINA.—MANAGEMENT OF LABOR.

BY PROF. WILLIAM GOODELL, OF PHILADELPHIA.

Delivered in the Hospital of the University of Pennsylvania, February 17.

GENTLEMEN:—I bring before you to-day a very bad case of rectocele and prolapse of the vagina. Of course it would be impossible to have a rectocele without more or less prolapse of the vagina, for the rectum, in its descent, will drag the vagina down with it. There has been also a laceration of the perineum, which is at the bottom of the trouble, for, by this laceration, the natural support of the rectum and vagina has been lost. The woman, as you notice, is fat; I wish to call your attention to this fact particularly, for it illustrates a condition that we frequently see; it is quite common to find in fat women, whose tissue is more or less relaxed, a tear of the perineum and a prolapsed condition of the pelvic viscera. In this case there is marked relaxation of all the parts. Now to get rid of this rectocele, an operation is necessary and we will so operate that we will cure the rectocele and restore the perineum at the same time. I will dissect out from the posterior wall of the vagina a tongue-shaped piece of mucous-membrane, and after freshening the edge of the tear in the perineum will bring them together, incorporating this tongue-shaped flap therein, so that I will at once get rid of the redundancy of the vagina and at the same time form a solid perinium that will afford good support to the pelvic organs. I have frequently impressed upon you the folly of making merely skin perenea: they look well enough, but they do not offer sufficient support. In this case it has been necessary for the woman to introduce her finger into the vagina and make pressure on the prolapsed rectum in order that she might have a passage, which has, of course made her condition very deplorable and calls imperatively for relief.

Let me take this occasion to advise you al-

ways to operate at once upon a lacerated perineum. Immediately after labor the parts are more or less benumbed by the great stretching to which they have been subjected, and, if you then operate, you will be saved an hour's time later, to say nothing of the fact that you will secure a much better result. In these operations it is always well to use antiseptic precautions; I do not by this mean necessarily the spray, but before operating I would syringe out the vagina with carbolized water, would wash my instruments therein, and also thoroughly wash my hands with the same before I begin to operate. After the operation I would place suppositories of iodoform in the vagina, for I believe this drug to be a very efficient disinfectant. It is my practice now in every case of labor to wash out the vagina with a 1 to 2000 solution of corrosive sublimate and, as I have said, if there is a tear to unite it at once and then to use a twenty grain suppository of iodoform, so important do I think it is to use antiseptic precautions in all procedures about the genitals. Now, I put my finger in the rectum, as you saw, to explore, and so fearful am I of introducing fecal matter into the vagina that I carefully wash my hand before I go ahead. This is usually a very bloody operation, and because the parts are so vascular I prefer to use the scissors, as they crush the vessels and tend to so lessen the hemorrhage. See how sensitive these parts are, for though the woman is profoundly under the influence of chloroform, yet she winces when I commence to operate; you will notice this same fact when you come to perform version; to my mind, this is the most sensitive portion of the body. A very important point in these operations is to empty the bowels by an injection about an hour before, for if you do not you will likely have the unpleasant experience that I am now having of provoking a passage every time I put my finger in the rectum. I would like to be able to keep my finger in the rectum, when I am denuding the parts, so as to be sure that I will not do any mischief. There is not very much danger of cutting into the rectum, but there is some danger of it and you should always be careful to avoid this. Now you see I have denuded the edges of the rent perineum and I am going to bring this tongue from the posterior wall of the vagina to make the back part of my new perineum; you can see how efficient it will be. I start my first stitch just a little above the lower edge of the wound, and have my finger in the rectum as a guide; the second suture goes in a little higher up; ah! I have stuck it into the rectum; I will withdraw and re-insert it; from this little mishap you can see how important it is to have the finger in the rectum as a guide. There is one slight preliminary step that I have neglected, I should have shaved off the hair before I commenced to operate, it would keep the parts cleaner. In putting your sutures through the tongue of mucous membrane, you must be careful to carry them through the tissue, if you understand me, and not completely through the tongue to the vaginal side, for, if you do, you will destroy the circulation therein. These operations very rarely fail, all that is needed to secure a very good result is perfect coaptation of the parts. Be careful to remove all the clots and after putting in all the sutures bring the legs together in their natural position to see how the parts will look. The last case that I operated upon in this hospital was four weeks ago to-day, and the woman went home to-day with a first-class perineum. It is very rarely that these operations will fail when done with care. Now, when I bring the legs together and inspect the parts, it seems to me that there is too much space between two or three sutures, so I will put in another. It is not often that I am compelled to do this, but when I am in doubt I always place another suture. Now I count my sutures and find that I have eight, three of which are superficial, two distinctly so, one at the upper portion uniting the end of the tongue to the skin. I used to think that this idea of uniting the tongue of mucous membrane to the perineum was original with me, but I have recently read that a similar recommendation had been made by Dieffenbach, the great Berlin surgeon. Now we have the posterior wall of this perineum made up of this strip of mucous membrane, I must repeat that it makes a very nice perineum, though the operation consumes more time than the ordinary method and is more difficult for amateurs. I will insert here a self-retaining catheter to avoid trouble. I syringe ont the vagina with carbolized water to get rid of any sepsis that my fingers may have introduced, or that you may have brought into the room. I said, a moment ago, that I would count my sutures; this I consider an important precaution, for some of them may become buried and thus lost to view. Now I will slip into the bowel a suppository of one grain of the aqueous extract of opium, so that by the time the patient comes from under the influence of the chloroform, she will be under the control of the opium. I will also fasten the knees together. This self-retaining catheter is a great comfort. If the urine were bland it would probably do no harm to let her

pass it, but I think it is best not to have it trickling over the raw surfaces.

Let me give you some points about these self-retaining catheters. If it has been once used in a case it will probably clog up after about four days, and there is no acid that will clean it out so as to leave it as clean as it was originally. When you have a new instrument it may do for two cases, but in the second case, after four or five days' use the lime-salts from the urine will clog it up. To prevent this clogging up, I inject hot water through it twice daily. Now, that the operation is completed, I will not do any more syringing, nor insert any more suppositories, because I want to keep the parts as quiet as possible, and this manipulation would disturb them. I am daily growing to believe more and more in the value of antiseptic precautions. It would seem to me that a properly conducted lying-in hospital, where antiseptic precautions are faithfully used, would be the safest place to send a woman to be confined. The statement is furnished from a large London hospital that in a series of nine hundred labors there was not one single death; this seems almost incredible, and such results could surely not be attained in private practice. Since I have been using antiseptic precautions in my private hospital I have had one hundred and fifteen cases of confinement without one death. I did have some deaths even after I had commenced to use carbolic acid, so that I cannot attribute my present good fortune either to carbolic acid or cleanliness, but I do attribute it to corrosive sublimate.

The Management of Labor.

Having referred to my use of antiseptic precaution in labor, I will devote the remainder of my lecture to telling you how I use them. Every physician has cases of puerperal sepsis, and I will tell you how you will be very likely to avoid it. While in labor I syringe out the vagina with a 1 to 2000 solution of corrosive sublimate, and this process I repeat immediately after the labor. Then when labor is completed I place over the vulva some cotton saturated with corrosive sublimate; over this a pad, and keep all in position by a T bandage. I prepare the dressing before hand; first the corrosive sublimate cotton, then a pad, then some oakum. The cotton I get already prepared from Messrs. Seabury and Johnson, of New York. Just before applying this dressing I insert a suppository of twenty grains of iodoform into the vagina, and this I repeat daily for three or four days. I buy cheese cloth, which is very cheap, to make these pads, and I assure you that I have not had a case of puerperal sepsis since I have been using these precautions. I believe firmly in them. For myself, I wash my hands and nails in the bichloride solution before I make an examination. I do not resort to any subsequent syringing of the vagina unless the odor of the lochia becomes offensive, or there is a rise in temperature, which has not occurred since I have used the precautions indicated. Suppose I should have a case of puerperal sepsis, what would I do? I would then resort to intra-uterine injections of a 1 to 4000 solution of corrosive sublimate, using a syringe with a long nozzle, or a flexible catheter; I could not use a metal catheter, for it would spoil the solution and the solution would spoil it; therefore I must use either glass or rubber, and in making this injection I cannot too strongly impress upon you the importance of forcing down the piston of your syringe until the fluid commences to escape, so that you will avoid the risk of injecting air, because you may otherwise force air into the uterine sinuses, and death has resulted from this accident. We know that sometimes in efforts at abortion air is forced up into these sinuses and rapid death has resulted therefrom. Dr. Draper, of New York, has collected many such cases. I will never forget a very sad and alarming case that occurred in the practice of the late Dr. Smith, of this city. He was treating an actress for menorrhagia and wished to dilate the cervix. He had used sponge tents and then, on the theory that air was more dilatable than water, he introduced Barnes's rubber bag and commenced to pump in air. The bag burst, and suddenly the woman went into a condition of opisthotonos; she frothed at the mouth, her eyes became fixed and glassy, and it required long and persistent effort to bring her around. I remember also the case of a French lad, in this hospital, who had leucocythemia, and where it was proposed to inject defibrinated blood. The late Dr. Hunter, who was an extremely careful man, was called on to do the operation. Hardly had he injected one ounce, when the lad went into a state similar to the actress, and was dead in half a minute. In these cases air may be injected into the uterus when it is contracted, and when it dilates the suction so caused may draw the air into the sinuses. Therefore, let me again warn you to be very careful.

—Dr. Austin Flint's will.—By the provisions of his will Dr. Flint gives his medical library to the New York Academy of Medicine, with the exception of such works as the family may wish to retain.

WEEKLY MEDICAL REVIEW,
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SATURDAY, APRIL 3, 1886.

THE NEXT MEETING OF THE AMERICAN MEDICAL ASSOCIATION IN THIS CITY is not as yet a subject of much enthusiasm as far as the local profession is concerned. The present chairman of the Committee of Arrangements invited the Association here, mainly on his own responsibility and against the judgment of most, if not of all, of the St. Louis profession.

There were many reasons why it should not come to St. Louis this year. First, there was—so far as we can learn—no consultation had with the city delegates. Second, St. Louis has been over-crowded with conventions during the past three years, and will have something more than her complement in 1886. Third, it was expected that each alternate meeting would be held in Washington, and many men here devoutly trusted, inasmuch as there was evidence of an impending conflict in the Association, the next meeting would be far removed from the scene of their quiet and peaceful labors.

When the Association met here before, it was said that the reception was not more thau the importance of the occasion demanded; yet now, when the representation is three times as great, there is not even a small percentage of this interest manifested.

Many well known members of the profession have either resigned from the committees to which they were appointed, or have declined to accept. The gentleman who was expected to act as chairman of the Reception Committee has stated that he will probably not be able to serve.

In view of the fact that the chairman of the Committee of Arrangements promised so much to the Association, and the further fact that, either from want of sympathy with his effort, or from some other reason, but little has yet been done by the profession or the public to prepare for the Association, we ask that for decency's sake some increased interest may be taken by St. Louis physicians.

It will not do now to say that we do not think it best or wisest that the Association is coming. The Association is coming and must be provided for. We say very plainly, that so far, the local profession is not living up to the expectations which might be reasonably expected from the invitation given by the chairman of the Committee of Arrangements at New Orleans. It is scarcely more than thirty days till the date of the meeting, and while the plans for one or two entertainments have been passed upon, the important committee of all, the Finance Committee, would hardly, we think, like to make a report. When the Association met at St. Paul we are told that the railroads alone expended $50,000 in excursions and entertainments, besides the magnificent receptions at Stillwater and elsewhere. We do not believe that at the present rate $5,000 will be raised by the Committee of Finance both in and out of the profession.

We do not think it right that the physicians of St. Louis should be blamed for not responding to what they had no part or purpose in having done, or be held responsible for a failure which certainly seems imminent. We are not croakers, but are pretty fair weather prophets, and from the way the wind now blows, we fear a cold wave about the 4th of May unless prompt action is taken.

AMERICAN MEDICAL EDITORS.

The meeting of the editors for 1886 will be held in this city Monday, May 3rd, on the day preceding the meeting of the American Medical Association. The officers are as follows: President, Dr. H. O. Walker; Vice-Pres., Dr. F. L. Sim; Sec'y, Dr. F. E. Daniel.

The last meeting at New Orleans was a pleasant and profitable one, and we trust and believe the coming one will be even more so. Brother Editors, we assure you that the hearts, hands and homes of our editorial staff shall be opened to you. You shall not be strangers to us, but you shall be taken in by us.

St. Louis Medical Society.

At their last meeting the St. Louis Medical Society adopted the following resolution: Resolved, that all reputable medical journals be invited to make such report of the proceedings of this society as they may desire. Will the *New York Medical Record* and the *New York Medical Journal* please make a note of this?

! ? !

During the past months several of our staff have received a printed letter from an afternoon paper requesting a photograph and autobiography of the addressee, or such notes as would enable the editor of the paper to write the biography. It is needless to say that said letter fell into the waste-paper basket.

In the same paper, dated March 21, we find a *flattering picture* (and the cut is an unusualy good one) and biography of a physician of this city, whose picture and biography we should never have looked for in the columns of a daily paper. Here are a few extracts, translated: * * * As a *reward* for his successes (as physician of the Red Cross society during the Franco-German war) he was before the eighth semester (!) admitted to the examination necessary for graduation, and passed it successfully in the year 1871, and then visited the hospitals of Vienna, Paris and London. His most earnest studies were given to diseases of women, and it was this department to which, after his return homeward, he devoted his soon increasing practice. In this branch of medicine he earned, not only by his practical successes, such a renown that patients are being sent to him from the Gulf States as well as from the coast of the Pacific ocean, but also by building up the theory of his specialty, (the oretische Ausbildung seines Faches) the name of an authority among the gynecologists of both hemispheres. It would lead us too far to enumerate all the scientific bodies of which he is a member or the president (?); suffice it in this place to state what he has done for the common weal of our city. * * * The most important institution (Werk) *brought into life by him* (!) is the imposing structure on Jefferson and Lucas avenues, which contains a polyclinic for the poor and a post-graduate school of medicine. In the latter he fills the chair of gynecology and obstetrics. Two years ago, finally, he built close to his residence, *511 Garrison Avenue* (!), a splendid private hospital for women, etc., etc., *ad nauseam.*

How is this, Dr. George J. Engelmann?

The Vasomotor Centers of the Medulla Spinalis.

A valuable contribution to our knowledge of the intimate anatomy and physiology of the spinal cord, is contained in an experimental study by Dr. G. Smirnow, of St. Petersburg. The work was conducted at the clinical laboratory of Prof. Botkin, and is contained in the issue of Feb. 27 of the *Centralblatt fuer die medicin. Wissenchaftea.*

Although the existence of vasomotor centers in the cord is accepted as a fact by all physiologists, still the direct demonstration of their existence has not yet been made, at least not in warm-blooded animals. The author states that the investigators of this subject, men like Schlesinger, Stricker, Holtz Heidenhain, Vulpian and Luchsinger, arrived at their conclusions indirectly. They showed that subsequent to division of the cord above the atlas in animals fully under the influence of curare, no reflex increase of tension is observed.

Smirnow was led to his investigation by a publication by Laffont, (*Recherches sur l' innervation vasomotrice, etc.: Compt. rend.* 1880, xc.), who found that vaso-dilator nerve filaments emanate from the cord between the first and third dorsal vertebræ, and that after their division stimulation of the central or proximate end of the depressor nerve does not lower the vascular tension. Instead of dividing these nerve filaments or their radicles, Smirnow proceeded by making sections through the medulla itself at various points, and irritated the corresponding depressor

nerve. As a result he found that division of the cord below the third dorsal vertebra and subsequent depressor-irritation is always followed by decrease of tension to a greater or less degree, but still well marked. But after division above the first dorsal vertebra no such depression of tension can be accomplished. It will be seen from the foregoing that the results of Laffont and Smirnow are identical and confirmatory.

A further point that suggested itself to Smirnow, was, whether, after division of these above mentioned dilator-filaments a pronounced reflex increase of tension might not be accomplished, if the medulla is also divided. This arose on the supposition, that, if these filaments remain intact and corresponding centers exist, these latter may also be irritated and thus the effect of the vaso-constrictors be lost. To the end of investigating this point, a large dog was used; the medulla was divided at various points between the first and sixth dorsal vertebræ, and the animal completely curarized. In order to eliminate the influence of the cerebrum upon the upper portion of the medulla the vessels leading to the head were ligated. By this ligation and the division of the medulla the vasomotor center is completely eliminated. At any rate stimulation of the proximate end of the pneumogastric nerve is not followed by increase of vascular tension, after the above-indicated procedures have been had.

Smirnow's results may be given as follows:

1. If in a dog we divide the cord below the third dorsal vertebra, and at the same time inhibit the function of the vasomoter center, then as soon as the proximate portion of the the plexus brachialis is stimulated, we obtain a *reduction* of blood pressure; if under the same circumstances the sciatic nerve is stimulated we get an *increase* of tension. The reduction of tension is attended by a marked slowing of the pulse, the increase of tension by acceleration. Division of the pneumogastric nerves is of no influence on these phenomena. Division of the splanchnic nerves puts a stop to these changes in pressure.

2. If, all other conditions being the same, the cord is cut between the second and third dorsal vertebra, subsequent stimulation of the brachial plexus still considerably lowers the tension. The decrease is still less if the cord is divided between the first and second dorsal vertebra, and after division above the first dorsal vertebra no reduction of tension is at all observed.

3. Analogous to these phenomena in the upper portion of the cord, it is found that if division occurs below the sixth dorsal vertebra that stimulation of the sciatic nerve leads to no increase of pressure; and that stimulation of the brachial plexus only in the beginning is followed by inconsiderable sinking.

These results prompt Smirnow to assert that vaso-dilator nerves emanate from the cord in the region included between the three upper dorsal vertebræ, that vaso-constrictor nerves emanate from the region of the next lower three vertebræ, and that there exist in the cord in the regions indicated corresponding vaso-motor centers, and that this portion of the cord is to be considered the site of origin of the splanchnic nerves.

If, says Smirnow, we compare these results with those of Vulpian, who found vaso-conconstrictor centers in the lower portions of the cord, and the findings of Holtz, who describes vaso-dilator centers in the same region, then we are ready to assert that in the cord is contained a system or series of vasomotor centers, dilating and constricting.

The Treatment of Catarrhal Jaundice by Irrigation.

In the *Berliner Klinische Wochenschrift*, Dr. Loewenthal reports on the treatment adopted in cases of icterus catarrhalis at the Berlin University Policlinic. The method consists in the irrigation of the lower bowel with cold water, once in twenty-four hours. The method is one suggested by Krull, as long ago as 1877. The advantages of the method are reported to be, in first order, that a rapid termination of the trouble is thus accomplished. Krull reported eleven cases so treated, and Loewenthal a series of forty-one.

Four irrigations is the average number necessary; in some cases two suffice, more than six were needed in no case.

The following details are to be observed. One or two liters of water are used for each injection. The first injection is to have a temperature of 12-13° C., on the second day a temperature of 15-16° C., on the third of 18° C., is the proper one. For children one liter is the proper amount; adults need more.

In all the cases reported stool followed the first irrigation; sometimes even diarrhea resulted, which was checked by the subsequent warmer enemata. The stools are of the characteristic color and consistency at first; after the third injeetion the feces become yellow or brown.

The symptoms of pain and pressure in the gastro-duodenal and hepatic region and the headache cease, the appetite returns, and the feeling of heavy lassitude, so peculiar to jaundice, passes away rapidly.

The yellow appearance of the skin recedes gradually and with it the pruritus diminishes. The urine may remain dark brown for a time, but, at once after the second irrigation, the tests show less biliary pigment present.

In the cases treated, the usual etiology of gastro-duodenal catarrh could be traced. Several of the cases were stated to be due to psychical influences, two of the patients claiming that a sudden fright caused them to become yellow.

In illustration of the efficacy of the method Loewenthal gives the details of six cases.

The simplicity of the method recommends a trial. In case of failure of the method in cases of great obstinacy, that yield to no other treatment, we would suggest the irrigation or washing of the stomach as suggested by Kussmaul and Senator in the treatment of intestinal strangulation. The addition of remedial agents to the water used for the washing would permit a direct influence upon the congested and swollen mucosa of the duodenum.

The Use of Nitrous Dioxide in Cholera.

Dr. Torres Munos de Luna, Professor of Chemistry at the Central University of Madrid, delivered a lecture before the Hygienic Society of Spain, on the use of nitrous dioxide as a disinfectant, preservative and curative agent in Asiatic cholera. *The Berliner Klinische Woschenschrift*, March 1, 1886, contains a translation from which many interesting points may be gathered.

Dr. de Luna claims that he first drew attention to the disinfecting qualities twenty-four years ago. A good illustration of these virtues is given by treating putrefying animal substances with equal amounts of nitrous dioxide, sulphurous acid, and hydrochloric acid; it will be found that the nitrous dioxide alone will do away with the stench and destroy the micro-organisms in such masses.

An observation of the probable efficacy of the substance in cholera was made in Madrid in the epidemics of cholera in 1834, 1859, and 1865, in a large manufacturing establishment where plated ornaments, etc., are subjected at a certain stage of the process to the action of nitric acid. Thereby the atmosphere of the establishment is impregnated with fumes of nitrous dioxide. It was noted that none of the workmen were taken with serious cases of cholera; in fact, that only such became sick at all, that lived at a distance. Similar observations were made in the mint at Manila, on the Phillipines, during the cholera of 1882. By placing vessels containing copper and nitric acid in various portions of a tenement-house occupied by about one hundred families, all escaped.

Two years ago when the cholera developed in Toulon and Marseilles, Dr. de Luna submitted these and many other details to the French Academy. It appears, however, that no adequate trial was accorded his suggestions. A French marine surgeon, Dr. Rougier, gave the method a trial in thirty-five cases, and the report on these is embodied in Dr. de Luna's paper.

We learn that Dr. Rougier generally received his patients in an advanced stage, frequently at the end of the second stage, when the pulsations threaten to become arrested. In all cases Dr. Rougier had his patients

breathe directly an atmosphere that was highly impregnated with nitrous dioxide; in addition the air of the room was filled with nitrous dioxide fumes. The direct inhalation was carried out once or more times as the exigencies demanded.

The result is a return of the radial pulse, and the development of a clammy sweat all over the body. This sweat is disagreeable to the patient and together with involuntary weeping, discharge from the nostrils, voiding of urine and vomiting, is an indication of an established reaction. Great care should be taken that the patient does not become chilled at this time and that nothing occur to suppress the secretions. Tonic and stimulative dietary treatment should be instituted.

The manner of the inhalation is described by M. Rougier as follows:

A copper coin is placed into an ordinary glass tumbler and covered with nitric acid. The developing gas is caught in an empty tumbler, that is placed over the first, and then is passed to the patient and held before his lips and nostrils.

For purposes of disinfection and fumigation the gas may be generated in the same manner in a corked bottle, containing a quart or two. The gas may be liberated in a room by simply removing the cork. Excessive impregnation may be met by opening doors and windows.

Rougier is very enthusiastic in his valuation of the agent and has made extensive experiments with it on himself. He believes the problem of the most available and effective mode of treatment of Asiatic cholera is determined and settled.

Twenty-five cases are reported in detail, but no statistics of recovery are given. Of thirteen cases so treated at Beniopa, Dr. de Luna reports two deaths.

The following is the history of one case in brief:

A stevedore, 34 years of age, was brought in in an algid state; no urine had been voided for over twenty-four hours. The next morning he had characteristic vomiting, features drawn, skin cyanotic, etc., etc. In addition to mustard baths, frictions, enemata with opium, etc., an inhalation of nitrous dioxide was given. The patient sneezed actively, the pulse returned, sweat broke out. No urine and continual vomiting and diarrhea. At 9 P. M. a second inhalation with the result of reviving the patient as before. Urine was passed during the night. The temperature rises to a normal figure; thirst abates, and the saliva again is secreted. Five inhalations were given, followed by wine and nourishing diet. Rapid convalescence.

The Policy of the Review.

The Review will show no partiality either in criticism or commendation on account of professional reputation or position. Medical societies and medical men will be noticed as occasion may require. We want to be fair, kind and just to all. We shall not apply one rule to physicians in St. Louis and New York, and another to practitioners in the small towns and country.

Deaths from Anesthetics in 1885.—The deaths during narcosis in the past year in England have been collated by Dr. E. H. Jacobs, and reported in the *British Medical Journal.* Twelve deaths occurred in chloroform narcosis during an unusually severe list of operations, only four being trivial. The casualties from ether are but three, a small record considering the general use of ether in English surgical centers. No death is recorded from methylene bichloride or from mixtures of ether and chloroform.

Treatment of Profuse Hemoptysis.—Dr. Green recommends a good dose of Cayenne pepper to arrest alarming hemoptysis. He says it requires a great deal of fortitude on the part of the patient, but is wonderfully efficient. Half a teaspoonful in warm water is to be administerd. A temporary diversion of blood to other parts is so establlshed and time given for a clot to form. Good doses of capsicine may be given, also, in pill form, but this is not so effective.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

OFFICIAL REPORT.

Stated Meeting, March 15th, 1886. The President, C. T. Parkes M. D., in the Chair.

Dr. Robert H. Babcock made remarks on

Two Cases of Mitral Stenosis.

with presentation of the patients.

Dr. Babcock said that he did not intend to give any discussion of mitral stenosis, but merely desired to present a few points of interest in connection with these patients. Mitral obstruction is due to a fusing together of the valves so that they project into the ventricle in the form of a funnel, which according to many authors, is the most frequent form of stenosis; according to others, the obstruction is due to a septum-like valve stretching across the opening, and called the diaphragmatic valve. Owing to the obstruction to the flow of blood from the auricle into the ventricle a murmur is produced which is rolling,or blubbering in character, and, occurring during the auricular systole and previous to the systole of the ventricle, is called pre-systolic or auriculo-systolic. This murmur has been graphically represented by Balfour as in some cases resembling the sound of voot-rrrb, the final t or b being the sudden, abrupt first sound produced by the ventricular sys tole.

In some cases no pre-systolic murmur, correctly speaking, is heard, only a diastolic murmur, which, being loudest at the apex in the mitral area, is a mitral diastolic murmur. This murmur should be differentiated from the diastolic murmur of the aortic regurgitation, which, in certain rare cases described by Balthazar Foster, has its maximum of intensity in the mitral area and not at the centre of the sternum.

In the two cases Dr. Babcock presented the murmurs differed from each other in character, in the one case the murmur being very distinctly represented by the letters voot, in the other by rrrb. The doctor was disappointed at the last moment by his inability to present a third patient, a man in whom the stenosis was indicated by a mitral diastolic murmur which followed an impure first sound of heart, and both the impure first sound and the diastolic murmur were in this case audible at the lower angle of the left scapula. The propagation of the diastolic murmur so far to the left is very unusual; indeed, the production of the mitral diastolic murmur is itself very rare, and is probably due to the fact that a rush of blood from the left auricle to the ventricle occurs with greater force at the beginning of the ventricular diastole than during the auricular systole, the auricle being dilated rather than hypertrophied, according to Sansom. The cases were then examined by members of the Society.

Dr. E. C. Dudley reported a

Unique Case of Vesico-Vaginal Fistula,

in which the entire vesico-vaginal septum, the vaginal portion of the cervix, aud anterior wall of the cervix to the internal os had sloughed away, leaving no bladder tissue between the inner extremities of the urethra and the points at which the vesico-uterine ligaments connect the bladder with the uterus. The only operation which seemed possible was to unite the posterior wall of the cervix uteri with the neck of the bladder. This would turn the uterus into the bladder and necessitate menstruation through the urethra. The anterior wall of the uterus could not be approximated to the neck of the bladder, but it was found, on further examination, that the mucous membrane of the bladder, if caught with the tenaculum about an inch in front of the uterus, could be drawn to the neck of the bladder and held without undue traction. The operator therefore undertook to close the fistula in this way by denuding a strip of the mucous membrane of the bladder from side to side an inch in front of the uterus, and thus he utilized that portion of the bladder between the line of denudation and the uterus, and made it a substitute for the lost anterior wall of the cervix and vesico-vaginal septum. Twenty-two silver wire sutures were employed after Sims method. Union by first intention followed, notwithstaudiog the failure of the nurse the third day to keep the catheter *in situ*, which allowed several ounces of the urine to accumulate in the bladder. Notwithstanding the decrease in the size of the bladder necessitated by the operation, the patient experiences no difficulty in retaining the urine all night. The operator is not aware that another case of this kind has been previously reported.

The President asked if it was not possible that some portion of the upper wall of the vagina was drawn upwards and backwards by the bladder, and what was taken to be a continuous wall of the bladder might be a part of the vagina. He had seen a case where

there was a large laceration into the bladder, and the opening seemed one cavity with continuous walls, but the flap thrown backwards was post-vaginal, and it was found that this flap could be drawn up and into its position.

Dr. E. C. Dudley, in answer to questions, said that the loss of tissue at the base of the bladder from sloughing differs from that by incision. In the latter case the ureters would perhaps be included in the excised tissue, but it is seldom that a slough of the base of the bladder in vesico-vaginal fistula, however extensive, destroys the connection between the bladder and kidneys. Even if the points through which the ureters penetrate the mucous coat of the bladder be lost, it is yet possible their openings into the bladder may be preserved, because the ureters penetrate the muscular coats nearly an inch from their normal points of opening through the mucous coats of the bladder, and run obliquely between the two coats for a distance of nearly an inch. In this case, as in many cases of loss of entire base of bladder reported by Emmet, the openings of the ureter were on either side, at the very margins of the fistulous opening. The operation was performed at Morton, Ill., in the presence of Dr. Harris, of that place, and Dr. Mansfield, of Metamora. Dr. Parkes' surmises with reference to the vaginal wall could hardly be correct, because this together with the anterior wall of the cervix uteri up to the internal os, had sloughed away. His surmise might be correct with regard to certain tissues between the bladder and cervix uteri which might have retracted and become adherent by inflammation, so as actually to form a portion of the bladder wall. Moreover, there is always a very decided difference in color and appearance between vaginal and bladder tissue, and the tissue in this case was to all appearance like the tissue of the rest of the bladder, and to the touch gave the sensation of a thin wall. Dr. Baker, of Boston reports a case similar to this in that he introduced suture into the bladder tissue, but so close to the cervix uteri as not to draw down any portion of the interior of the bladder, to be used as material in place of the lost vaginal wall.

Dr. W. L. Axford reported

A Case of Removal of the Entire Lower Jaw through the Mouth.

Harry T. aged 5. Admitted to St. Joseph's Orphan Asylum in November, 1885. It was noticed that his mouth was frequently swollen and sore. Child very much emaciated. In January, 1886, he had measles. Tedious convalescence followed. Came under observation about February 1. Weak and thin. Lower part of face very much swollen. Breath offensive. Symphysis of jaw bare. Could not examine further at this time. Pulse 120 to 130. Put the child on suporting treatment, hoping to get him in condition for an operation. No improvement at the end of two weeks. February 16 the patient was anesthetized and the mouth explored. Found the jaw on either side stripped of its periosteum back to the masseters. Determined to attempt removal through the mouth, as any cutting operation involving the loss of much blood would have been fatal at once. Divided the jaw on either side of the symphysis with bone pliers and thus removed a large portion of the body. Seizing the remaining pieces with sequestrum forceps and making moderate traction, they were easily enucleated by the index finger of the left hand. Not more than a tablespoonful of blood was lost. Patient rallied well. Some reaction on second day. On third day the pulse had dropped to 116, and with exception of a swollen parotid on the left side, the child was in better condition than before the operation; so much so that a recovery was confidently predicted. A severe attack of diarrhea occurring on the morning of the fourth day was followed by death in thirty-six hours.

Dr. Arnold P. Gilmore exhibited a patient on whom he had performed an operation for

Symblepharon of the Lower Lid,

due to a burn by molten iron, and in which three plastic operations had been unsuccessfully performed. Nine months previously the entire lower lid, from external to internal canthus, was adherent to the eye-ball, covering almost the entire cornea. This triangular shaped tissue was covered by a pale membrane of cicatricial tissue. The operator first detached the lower lid and transplanted the conjunctiva of a rabbit. For six weeks the operation was apparently successful, but after an absence of two months from the city he found that the lid was again becoming adherent. Six weeks previously Dr. Gilmore made a thorough dissection, freeing the lid and making a deep cul-de-sac, leaving the upper half of the eyeball covered by mucous membrane and the lower half bare. A semicircular band of conjunctiva, one-third inch wide was dissected close to the cornea above, leaving a bridge of tissue at each end. This band was dropped into the cul-de-sac below and carefully stitched to the ball. A semicircular plate of silver long enough to fill the space between the external and internal canthi, with two holes at the circumference,

one-half inch apart, threaded with silver wire, was dropped into the cul-de-sac to prevent adhesions, and fastened by bringing the wires through upon the face and fastening them by small lead plates and perforated shot. For this operation Dr. Gilmore claimed priority. The object of the operation was neither to improve the appearance of the eye nor to restore vision, but to relieve the irritation of the other eye, by allowing co-ordinate movements of the two eyes. There was enough clear cornea left to make an artificial pupil in case the patient ever lost his well eye. There was little reaction, and at no time much pus, while the well eye has grown stronger in spite of the presence of the plate.

Dr. Tilley thanked Dr. Gilmore for showing this case, but thought that if the Doctor were to go out of town again for two months as in the first instance, he would find at the expiration of that time the conditions relatively very much the same as on his return after the first operation. He thought there was little fundamental advantage likely to be associated with the operation, as he thought that in a short time the wire and plate would cause a certain amount of atrophy of the intervening tissue and the plate be forced up out of position, making the operation of no avail. If he was so unfortunate personally as to be placed in a similar position, he would have his eye enucleated.

Dr. E. L. Holmes thought it unwise to say that a certain thing could not possibly be accomplished, but he had been through the experience of putting in plates, and seeing it done, and never saw one permanently successful. It is different with a very narrow symblepharon in which the globe and eyelid are grown together, where by dissection and transplanting the mucous membrane excellent results may be attained. He thought the plate would irritate the cicatricial tissue and cause it to be very much thickened, and after a few months, or weeks even, when everything is removed, there will be the same tendency to creep over the cornea and make adhesions with a broad union. He thought it absolutely impossible to get an artificial eye to fit. A very small eye might be used and temporarily make it appear that the patient was better off, but that small eye will often irritate and cause the cicatrix to increase.

The President though this case one of the same category that is so troublesome to the general surgeon, the improvement of deformities from cicatrices of all kinds, in which relief comes only in the way that Dr. Dudley has applied in gynecology, after the divided cicatrix has been separated as widely as possible, by drawing together the healthy skin or tissue between the two ends of the divided cicatrix. This method has long been in use in general surgery. So far as his experience went, the application of any foreign body between these divided surfaces has never been followed by success, so far as prevention of contraction goes.

The President presented an

Encapsulated Sarcoma of the Thigh.

It had been in alcohol for some time, and was reduced about one-third in size. It had grown the full extent shown in three months, and was removed from an old lady aged 69. It was found growing upon the posterior part of the upper portion of the thigh; was a firm, smooth tumor to the touch, and as far as external manipulations determined could not be distinguished positively from other parts of the surrounding tissues. He could not determine whether it was or not attached to the bone, but from external appearance it was diagnosticated to be of a malignant type. The external surface was crossed by a large number of varicose veins. After removal it was shown to be a sarcoma. The interesting point was the rapidity of its growth. He thought it a singular concidence that about a year previous he had removed a similar tumor from the upper portion of the left arm of an old man of 72 years, which had also grown to the full size in three months. Upon exposing the tumor a perfect capsule was reached, and it was easily enucleated from its bed.

CORRESPONDENCE.

THE JUSTIFIABILITY OF CRANIOTOMY.

Millerton, Kan., March 27, 1886.

Editors Review: The stand taken by one branch of the Christian church against craniotomy, which stand was so eloquently defended by Dr. Sawyer in a late issue, seems to be based upon the assumption that the moral sense of the profession is not always equal to the task of deciding upon the moral aspect of questions arising in practice, and that the church must assume a sort of dictatorship over the doctors. The right of the church to take a friendly interest in medical science need not be denied. The privilege of expressing an opinion as to the morality of any procedure sanctioned by the profession may be conceded. But when she comes as a "supreme head from whose decision there is no appeal," the manner of her coming smacks strongly of danger, and leaves it open to any member of our profession to

examine her pretensions, and question her motive, her fitness, and her right.

Once, when a creed was at stake thousands of human lives were sacrificed in the attempt to save it. Now, when two human lives are at stake, life is so sacred that both must be lost rather than that the most valuable should be saved by the sacrifice of the other. Why has life suddenly grown so sacred? If the opposition to craniotomy is based upon the sacredness of life, why do priests sometimes consent to craniotomy after they have administered baptism? Infant life is just as sacred after baptism as before. But there are those who believe that angry Deity will have no pity on the infant unless a little magical water has been placed upon its head. To such the rite will be soothing, and the lesser objection of "legalized murder" will be withdrawn. What are the evidences of the moral superiority on the part of ecclesiastics? Have all the men of fine moral acuteness gotten into the church? Have all the demoralized and depraved turned physicians? Or, is this after all an outcropping of the old dogma of papal infallibility? Keep these lofty pretentions of the church in view, and keep from smiling if you can, when you read how priests once slept with their fair acquaintances and piously declared they felt no carnal desires (Lecky) or how the people of England demanded the marriages of the clergy, refusing to any longer expose their wives and daughters to clerical lust (Taine). Is the present time completely spotless? Are there no clerical scandals? Do all the scandalous procedures of society grow out of the relations existing between physician and patient, and none out of the intercourse between clergyman and parishioner?

These are unpleasant questions; but it is necessary to examine the credentials of this "supreme head from whose decision there is no appeal," and I have alluded to the priesthood as a whole, for, after all, archbishops, cardinals and popes are only priests and ministers exalted a little above the common level. Is not the difference one of degree only? At what point in the rising scale does the very fallible priest drop all his weaknesses and become the infallible cardinal or pope? Or if the past be admitted faulty, at what period did the church procure from the Deity that transcendent light in morals that permits it to dictate "without appeal" to the world of science?

The question of craniotomy is no more properly a moral or ecclesiastical one than hundreds of others arising out of the exigencies of medical and surgical practice. How convenient it would be for the physician to rid his mind entirely of the vexed question of morals, turn the whole business over to the church, and let his patient die while he was waiting for some venerable pope or cardinal to decide what should be done.

And then the question of quackery; how easily we could manage that when we turn the moral part of medical science over to the management of the church. The church detests quackery. No quack medicine advertisements or those of patented frauds ever find their way into religious journals. Did you ever discover a clergyman's certificate flying at the tail of a charlatan's advertising kite? Quackery is conceived in fraud and nourished by falsehood and "cheek." Of course the church is its sworn enemy.

Nor can we forget without ingratitude (to truth) the great services of the church in advancing the medical science of the past. It aided in supplanting the absurd teachings of the pagan Hippocrates with the beneficent influences of miracle cures and relic treatment; it discarded the pagan cruelty of ligating an artery and made use of the milder means of hot irons and boiling oil as a remedy for hemorrhage (Erichsen); it showed distinguished teachers of physiology how to advance that science (by theorizing) in total neglect of absurd experiment (Helmholtz); it permitted Harvey's discovery to be introduced into the schools of Paris (after nearly a century of fighting); and it tried to slap the presumptuous Jenner in the face for "flying in the face of Providence" with vaccination. What ingratitude to forget the record of the past! Don't let us do it. Bring on your "supreme head."

But I must deny that science has ever "delegated" to any ecclesiastical body on earth the power to decide, once for all, questions in the province of science. And, sarcasm aside, I affirm that not only is a "supreme head from whose opinion there is no appeal" *not* a necessity, but such a tribunal is opposed by the spirit and the vital principles of scientific research.

When physicians determined to sanction craniotomy as a justifiable operation in obstetrics they brought to their aid in making this decision a moral sense no less acute than that which actuates the leaders of the church, while in addition they brought to bear on the question the light of a scientific knowledge which the church ignores. No one claims it a "light thing" to plunge a perforator into the child's brain, even to save the life of the mother. But is laying open the abdominal and uterine cavities of the mother "a trifle light as air?" And when the "country surgeon" performs abdominal section, and the mother dies from the operation, as will happen sometimes, how does the result materially differ from that "legalized murder" Dr. Sawyer is so anxious to avoid?

The operation of craniotomy need not be regarded as beyond criticism, but those who pro-

pose to attack it should do so from the standpoint of scientific knowledge, and with a moral sense not confined to a "supreme head." So long as dogmatism and assumed moral superiority are the weapons of attack, so long will the profession be justified in treating the church's action with profound contempt.

Very truly yours,
J. M. LATTA.

A CASE OF SUSPECTED CHOLERA IN MICHIGAN.

Office of the Secretary
Michigan State Board of Health.
LANSING, MICH., March 25, 1886.

Editors Review: March 19, 1886, I received the following from W. B. Abbott, M. D., health officer of Pinconning, Mich.: "On evening of 16th was called to attend Mr. A. T. Smith, age 43, who was taken at about 7 P. M., with vomiting and diarrhea, soon followed by cramps. When called I found him in this condition, which was rapidly growing worse. I soon controlled the former symptoms, but the cramps continuing, Dr. C. T. Newkirk, of Bay City, was called in council.

The matter vomited and dejected was a clear serous liquid slightly acid and in very large amount. Soon symptoms of collapse came on, the extremities became cold and the pulse decreased and finally ceased at the wrist, the sight left the eyes and roaring sound filled the ears; the voice became hoarse, the face assumed a most anxious expression, the eyes became lusterless and fixed, the cramps were most distressing; by 11 P. M. the symptoms began to abate. At 11:30 Dr. Newkirk arrived, who pronounced it a case of cholera, and as this doctor had attended a very large number of cases in South America during the great epidemic there, I thought it but right to respect his opinion so far as to write this description. There was not the bilious matter in the emesis, but 'rice water' vomit instead. The patient is improving but is still followed by suppression of urine."

March 19, I went to Pinconning to investigate. Since my return I have received a letter from Dr. C. T. Newkirk, of Bay City, Mich., who was called by Dr. Abbott to see the case, in which he says: "The skin was cold and covered with a dampness which I believe is peculiar to cholera; lips and skin were blue; the voice was hoarse; stools were of the nature of rice water; no blood or bile was ejected; legs, arms and stomach cramped terribly; pulse very low, eyes sunken, labored breathing, great thirst. The nose and tongue were cold; there was suppression of the urine; the face was pinched; temperature, 97°. After about two hours the body began to get warm, and in eight hours pulse came up to 120. Temperature, 103°."

Dr. Newkirk also says: "I have had a large experience with cholera, and have no hesitation in pronouncing this a case of Asiatic cholera."

Dr. Newkirk is a graduate of Victoria College, Toronto, and is an old practitioner.

I reached Pinconning at 11:20 P. M. March 19, and immediately made an investigation of the case. The patient was yet in bed. Mr. Smith is a prominent lumberman, 43 years old. He still looked haggard, and appeared somewhat restless; his tongue was not coated, his pulse was full and strong and not much faster than normal.

By questioning the patient and others I verified, so far as non-professional observers could verify, the observations of the physicians. From the patient I also elicited the fact that during his attack he did not suffer from colic, nor from much pain in his bowels, and that the passages were painless. His first loose discharge was while he was in camp, eight miles distant, but as he did not use a privy, it seemed impracticable to secure any disinfection of that substance. He and his wife are unusually intelligent persons, and Mrs. Smith suspected from the first that it was cholera. All discharges were received into vessels containing copperas. When these cases are not followed by other cases, they are not usually believed to be genuine Asiatic cholera, but owing to this intelligent precaution of the family, and to thorough measures of disinfection afterwards ordered, and which have probably been used, this test will not apply.

Besides giving directions as to disinfection, which I was assured would be faithfully attended to, I made inquiry as to the possibility of Mr. Smith's having accidentally taken some irritant poison, such as tartar emetic or corrosive sublimate, but no probability of that kind could be made out. I also made vigorous efforts to learn any possible way in which cholera might have been brought into Pinconning. Immigrants had recently arrived in the vicinity, but none were from a place known to be infected. The men in the camp where the patient had been had not been outside the state, nor had Mr. Smith been out of the vicinity. As to fruits from the Mediterranean, oranges had been in the house, but the patient is not fond of oranges. He is fond of raisins, however, and has been in the habit of eating them uncooked. A box, partially emptied in the house, apparently came from Valencia, Spain, and the raisins were not coated with sugar but were apparently fresh, probably of the crop of 1885, at which time cholera is known to have prevailed extensively in Valencia. Whether there is any connection between the box of raisins and the case of sickness is yet problematical.

The water-supply in Pinconning is from wells which are now (March 20) full nearly to the surface of the ground; there is not much purification of the water by filtering through the feet of sand and sawdust which overlies the clay. One well in front of a public house is about thirty-five feet from that part of the railroad track which is under the closet of the passing cars, so that if there should chance to be any dropping from the closet of a passing car, it might, with the spring rains, be washed almost immediately into the well, and be quite freely distributed to those who drink from that well. There is no evidence connecting it with this case of sickness, but that is not a very safe well to drink from, and might be liable to be infected if any infectious disease should pass through on that railroad. The character of the soil and its relations to the soil-water used for drinking purposes in Pinconning render it very important that there should be thorough disinfection of all infectious discharges thrown into privies or upon the surface of the earth. The officers and members of the local board of health told me they were in the habit of thoroughly disinfecting privies every spring. I urged upon them the importance of doing this with especial thoroughness this spring, and also the importance of prompt disinfection of the privy and surroundings at the residence of the patient whom I went to visit.

HENRY B. BAKER.

PRACTICE IN UTAH.

A *Review* correspondent, whose name and address we withhold for evident reason—writing from a small city in Utah, says: "We have here a population of 2500, and of that number there are only three gentiles and a half dozen apostles. These Mormons are a peculiar people, three-fourths believing in faith cure; i. e., the elders are called and lay on hands, and if the patient lives they take the credit, and if he dies it is laid to the Almighty, and "was to be." The Government has begun to put down this nastiness, and the Mormons are being arrested by hundreds, and, as as consequence, the Gentiles who live in the rural towns are being boycotted.

There are also a lot of quacks (Mormons) who are in no way qualified to practice, but ply their vocation, only now and then calling in a man of experience when stuck in a labor case. You would actually think, if you lived here, that you were in a foreign country, so un-American are all things, social and professional. A preacher in one of the tabernacles told the people to "stand firm," that the Government failed to put them down when they were but hundreds, and now they number thousands, with 100 accessions weekly, and 6000 births per annum."

[Our correspondent is having a hard time of it, but is succeeding. We will hear from him again.]

ITEMS.

—At the last meeting of the St. Louis Medical Society action was taken granting to all reputable medical journals, the right, or rather inviting them, to make such an epitomized and condensed publication of papers and discussions as they might desire. The REVIEW has not asked for more than this and but for the obstructive condition of a few members of the society, this action would have been taken earlier. The official "organ" of the society, the *Courier*, (a monthly journal), has our sincere sympathy in that it is under contract to publish matter in its columns, a full report of which will appear in the REVIEW from one to three weeks earlier.

—A writer in Baby-hood contributes an article on spoiling of children, but strange to say does not refer to the means by which it may be prevented, such as antiseptics, germicides, etc. We know that an tifermentatives are most efficient in a general way—a proper degree of cold is also a reliable means.

—Kava is a new drug recommended as almost a specific in the treatment of gonorrhea and leucorrhea. The active principles of the plant are a resin and a crystalline substance, called by Gubler Kavine. (*Deutsche Medicinal Zeitung.*) As we think an ounce of prevention better than a pound of cure we would like to say: *Cave gonorrheam.* Do you see? Do not cave in.

—We observe in one of our Southern exchanges the card of a city undertaker. This is almost too utterly suggestive. Bringing affairs into too close proximity as it were. But then it may come handy.

—Babyhood inveighs against compulsory kissing of children. We fully endorse this position. We believe in compulsory vaccination, but not in compulsory kissing, though the latter may sometimes secure the former without, however, securing an immunity against variola.

—The conventional hospitality of St. Louis has been severely taxed during the past three years, and will be during the coming year. During the time mentioned there will have been more conventions entertained at heavy expense by the citizens of this city than by all of the other cities of the country combined.

This fact will make the proper providing for the coming meeting of the American Medical Association a somewhat difficult task, and it behooves the local profession to be "up and doing."

—A physician lately refused to kiss the bible in a court of justice on, the ground that he ran the risk of infection. The court, evidently not posted in the Koch and Klein controversy, disallowed the plea and the doctor kissed under protest. Our latest advices fail to state whether he is at present under iodide, cor. sub. or tannate mercury; but why didn't he use thes pray?—*Med. Abstract.*

Why not try Kissingen? We de Klein further controversy regarding biblical matters, but we will suggest, if permitted, in closing, that blue mass might save him; if not, try high mass. Referred to Editor Department of Dermatology and Syphilis.

—An Eastern journal says: "A man out West has been drawing a liberal pension from the Government on the strength of a corn; but now the corn has got well, and the pension authorities have crossed him off the list." The pensioner "acknowledged the corn;" Commissioner Black has him on his "Black list," and we are sure he'll not be missed.

—What does it indicate?—We find a reprint on our table labeled, Abnormal Positions of the Head; What do they Indicate? By ——, A. M., M. D., Professor of Surgery, etc. Late Surgeon U. S. A., Vols., Member of the Medical and Chirurgical Faculty of Maryland and Baltimore Medical Association; Member and Ex-Vice-President of the St. Louis Medical Society; Member of the Missouri State Medical Association; Member and Ex-Vice-President of the Mississippi Valley Medical Association Tri-State, Ills., Ind., Kent'y); Permament Member of the American Medical Association; Delegate to and Member of the Eighth International Medical Congress, August, 1884, Copenhagen, Denmark, etc., etc. Formerly Professor of Surgery and Surgical Diseases of Children in the Coll. for Med. Pract.

A Clinical Lecture delivered before his Private Class of Medical Practitioners, with a case of Dislocation of the Cervical Vertebræ. (Next?)

—We observe in the March number of the *Virginia Medical Monthly* a fulsome biographical sketch of Dr. James Leonard Corning, of New York City, accompanied by a wood cut.

The article states that he is a comparatively young man being born Aug. 28th, 1855.

Due attention is given to his ancestors, many of whom were noted for their achievements in commerce, politics, etiology and war. While but a mere child his parents moved to Poughkepsie, N. Y., on the Hudson, his education being carried on at the River View Military Academy, under the guidance of the well known disciplinarian, Otis Bisbee. "The strict military tone of his surroundings exercised a powerful influence upon him and even at this late date there are valuable traces of the effects of this early "militarism" in a certain abruptness of manner and directness of language, both written and spoken." (What is valuable in abruptness of manner?)

"These associations bred an inclination for things military; accordingly we find the embryonic doctor filled with appirations for the glories of West Point, instead of fixing his gaze upon those mystic disciplines which form the gateway to the healing art. About this time the civil war broke out, and this event fired the imagination of the young, both at the North and at the South. Destiny, however, had decreed that the young aspirant for military renown should never engage in actual warfare."

The embryonic doctor should heartily thank *Destiny* for her decree, for at this period of his existence he was about six years of age, the civil war, (if our memory serves us right), breaking out in 1861 and the record showing the doctor to have been born in 1855. However, after reading the remarkable record to its close, we are almost convinced that Destiny made another one of her mistakes in decreeing that her child should not engage in actual warfare at this time, for had she not done so we are inclined to think the war afore mentioned might have been terminated much sooner.

Brother Daniel how does this strike you down in Texas?

—We see from the *Medical Record* that our own Joseph Pulitzer, esq., proprietor of the *St. Louis Post-Dispatch* and the *New York World*, has given his first years salary as Congressman, $5.000, to the New York Hospital to found a free bed for the benefit of newspaper men. Do they ever go to bed?

—Recent bulletins of Nat. Board of Health report cholera as still being prevalent in France. Cases are also reported in Sydney, Australia.

—A wealthy proprietor of patent pills and strengthening cordials in St. Louis has placed at either side of the entrance to his palatial residence a magnificent lion (in stone).

This may be taken as a frank admission on his part, that his magnificent "lion" has led to his success.

—*Two uvulae.*—A physician reports in one of our Eastern exchanges "a case in which a healthy man, aged 23 years, had two uvulae which were united about two-thirds their length, the lower third being quite separate."—We suppose the peculiarity of this report lie in the implied conclusion, that the doctor has seen but one such case.

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REPORTS ON PROGRESS.

ORTHOPEDIC SURGERY.

BY H. HODGEN, M. D.

I. ON HIP DISEASE IN CHILDREN.—G. A. Wright, B. A., M. B., F. R. C. S., Eng., *Archives of Pediatrics.*

II. CASE OF BONE CONTUSION AT THE ATLO-AXOID ARTICULATION.—*Northwestern Lancet.*

III. LATERAL CURVATURE OF THE SPINE.—Noble Smith, *New York Medical Abstract.*

IV. DIAGNOSIS OF INJURIES TO THE SACRO-ILIAC ARTICULATION.—E. A. Lewis, *Medical Analectic.*

V. CAUSATION OF HIP JOINT DISEASE.—L. Macfarlane, M. D., *Canadian Practitioner.*

ON HIP DISEASE IN CHILDREN.

Sums up the early diagnosis of hip diseases in children as follows: If patient walks lame, especially after exercise, thickening over trochanter, tenderness over hip joint on pressure, or upon jarring the trochanter or heel, pain in the knee with slight flexion and some immobility of the joint without evidence of spinal or sacro-iliac disease, or pain in parts above, pain increased by abduction or rotation, or rotation inwards. Night starting not constant, but valuable. Later on the diagnosis is usually more easy, but not always, for this trouble may be confounded with disease of the trochanter, abscess about joint and bursitis; as in such the position, swelling and rapidity are closely simulated. Examined under chloroform, crepitus would be most likely obtained, thus clearing up the diagnosis, if shortening of the limb and raising of the trochanter did not. Chronic disease in the adult differing only in the slower development and usually more constitutional trouble. Does not agree with Barwell that synovitis can be diagnosed by pressure over the joint, but not by pressing the trochanter towards the acetabulum. Thinks pressure over the joint not a trustworthy indication, unless pressure on trochanter also gives pain, pressure on nerve or tender gland in front may give pain. Thinks that chronic hip trouble almost invariably begins as an osteitis, differing from Barwell in this. Thinks that acute synovitis can be distinguished in the earlier stages from the other form by greater constitutional disturbance, greater pain on movement of joint; absence of trochanteric thickening and free and perfect motion when examined under chloroform, the swelling in front of the joint depending upon the amount of effusion; acute osteitis being readily diagnosed by the greater constitutional disturbance, fever and prostration, great pain, *helplessness of limb*, rapid and extensive swelling, with venous torpidity. Excessive pain and distension of joint coming on, within fourteen days after injury, probably due to epiphysitis or synovitis, the former not often after five years of age and attended with considerable constitutional disturbance and signs of suppuration. Acute traumatic synovitis usually commencing within a few days with much pain but seldom high fever, rigor or much local heat, but with great tenderness and rigidity. There being no definite symptoms (in the beginning) lameness, slight pain, pain in deep pressure and resistance to the free rotation, the case is probably one of osteo-myelitis (tubercular). Mr. Howard Marsh (*British Med. Journal*, 1877) gives useful information as to diagnosis; though flexion may be free in some cases, the flexed limb is carried into abduction, not straight up towards the abdomen; again

flexion may be limited in gluteal, or extension in psoas abscess, but in hip trouble *both* are limited. Care should be taken not to frighten the muscles into spasm. Beware of being thrown off guard by the appearance of abscess and relief from pain, which may follow the bursting of the capsule. Do not think from this the disease is subsiding. There may be no distinct line to be drawn between the second and third stage; the leg of the child may be abducted and yet there may be abscess or synovitis. Acute pain between the second and third stage (articular and periarticular abscess) is not a constant nor common symptom. Extension and rest will not cure the patient, but be merely palliative. Care in the examination not to give pain to the patient should be the constant endeavor of the physician. Brodie says: After suppuration adults rarely, children more frequently, recover without complete anchylosis. Anchylosis may occur with or without suppuration; pus having formed, anchylosis, or a false joint, may be the result, the head of the bone resting on the dorsum ilii. Suppuration not taking place and the head remaining within the acetabulum, bony anchylosis may take place with or without shortening. The arthritic variety may result in complete or incomplete anchylosis. Disease of the pelvis, primary, fatal without excision; while, as secondary, the prognosis is more favorable and dislocation the first step in the cure. Anchylosis probable in articular osteitis (fibrous in the majority of cases) when suppuration exists (bony, in the minority); the frequent relapse is due to permanence of the tissue or extension of the disease. May occur as result of new violence, or as result of failure of health from scarlet fever, measles and so on. This may occur years after an apparent recovery. Important to distinguish a *relapse* from a *residual abscess*, the latter being merely the result of irritation of some *local* product and having no tendency to spread, when irritation is relieved, the former being proof that no consolidation of repair in the original lesion has taken place; hence the tendency to spread. Acute synovitis may recover completely and show no ill effects afterward, without operation. Osteitis very rarely, if ever, without entire destruction of upper epiphysis of femur, formation of abscess, shortening, more or less deformity, and the majority die; those that do recover are crippled and frequently with useless limbs, without an operation. Of one hundred cases the results were obtained in only thirty-three. [We hope to be able to continue this article in our next report. We were unable to get the first part, but take a part as better than none].

Contusion at Atlo-Axoid Articulation.

Dr. Austin Brown, Sioux Falls, Dakota, reports an interesting case of this accident, caused by a fall from load of hay; the force of the fall being received upon the top of the head. Patient was unconscious for some time, but was able, after regaining consciousness, to walk home without much pain. The night was passed in comparative comfort, but the following day suffering so intense that the doctor was called. When first seen the patient was huddled at foot of bed, trembling, moaning and in fear of instant death. Every movement, except towards foot of bed, caused great agony. The pain followed the course of the occipital nerves, towards the shoulder and along the clavicle on the left side. Swelling greatly impeded, breathing somewhat oppressed. All symptoms pointed to injury in upper cervical region, but no displacement could be made out. The position of patient and movement towards the foot of bed and length of time after the accident before the symptoms set in, pointed to contusion of bones and nervous symptoms, pointing to atlo-axoid articulation as the probable seat of injury. The head being bent back, for fear of odontoid process being detached, extension sufficient to straigten the neck and draw asunder the articular surfaces was made. The cry of the patient was first that of mortal terror, and ended in one of great relief, pain and discomfort seeming instantly to disappear as extension was made. Extension was attained by means of bandage under chin and

occiput, a piece of cloth rolled hard and placed under the neck, the head falling over and making extension; the head and neck were given lateral support by bags of feathers placed on each side. Within ten minutes after dressing, the patient was asleep. This treatment was continued for four weeks, with comfort to patient, when she was allowed to sit up, extension being kept up by means of cord passed over pulley in ceiling and weight. Case progressed to recovery in two months. The pneumo-gastric disturbance pointed to the danger, and symptoms to the remedy. Force short of fracture, applied to the articular surfaces causes contusion of the bones, and, if not remedied at once, leads to disastrous results. [The patient's movements towards the foot of the bed, thus making voluntary extension, was a symptom of great value, pointing in part both to the injury and remedy.]

Lateral Curvature of the Spine.

The majority do not get well without treatment. The general health will improve with the treatment of the spinal trouble, but the spinal trouble will not get well by treatment directed to general health. A few may *grow out* of the curvature but the great majority *grow in.* Weakness acts as a predisposing cause. As a result of pressure on the nerves, on the side of concavity, we have a great variety of pains occurring in the side, down the legs and in the chest. Indigestion a common result. The shape of the chest changing, the space for the lungs and heart is reduced, and the functions of these organs seriously interfered with. Cases occur in which there is no great discomfort experienced, till the deformity is excessive, and the patient well advanced in years, but it does come sooner or later. The early diagnosis and treatment the only safeguard to the patient. The causes may be shortness of one leg, thus acting upon the spine only when standing, smallness of one side of the pelvis, thus acting both when standing and sitting. One side of the body may be smaller than the other. Lameness or anchylosis of hip or knee may have same effect as short leg. The curvature may follow as a result of former thoracic disease as collapse of lung or adherent pleura, partial paralysis of one limb, the absence of an upper extremity necessitating a compensatory curve; secondary, as result of caries of spine in another part, congenital malformation or muscular contraction, following continued use of crutch; paralysis of dorsal muscles of one side. Contraction of scar tissue may be a cause, but the author thinks rarely. Posture due to habit or disease is frequently a factor: this probably is more often the cause. Lack of support for back while sitting, a general cause. Recumbency objected to as interfering too much with healthful and natural play, and after following this treatment for the prescribed time, may sit up for a short time and undo all the good accomplished. The prone position on the prone couch, made after the pattern of Verral, is recommended: the advantages are, the back falls into a natural position, the head is held erect, every movement tends to exercise the dorsal muscles and influence the back for good. The chest is expanded and any difficulty in breathing is rapidly relieved. In very weak persons the head may need support. As a rule does not approve of the band for head rest. The couch should be used only when the desire for rest comes, and should not be regarded as enforced. The spine being relieved of weight, when the child is at rest, nature has the best chance for restoring the slight curvature. Walking out not recommended for the weak, as it is regarded as monotonous and tiresome, and rest usually improves such cases very rapidly. Exercise very valuable when intelligently employed. All apparatus acting simply as a support and interfering with the development of muscles should be discarded. Apparatus should be *very* light and only direct the movements of the body to act remedially. Each case must be treated according to the indications of that case; there can not be a universal remedy. Extension is mechanically wrong: more can be accomplished by pressure at angle than by any amount of extension that

could be borne. Does not consider jackets of plaster, felt or any other material as good as the more careful and scientific method of treatment in the prone position. Treatment is summed up as follows: 1. Freedom of exercise. 2. Avoidance of fatigue. 3. Prone position for rest in a properly constructed chair. 4. Avoidance of heavy jackets and instruments. 5. The correction of the curves by pressure on their apices. [We certainly think the author has struck the keynote of treatment when he advises exercise and condemns restraint. It is not possible for every patient to be provided with a properly constructed couch, but doubtless one could be improvised that would answer the purpose. We think electricity applied to weak muscles, when made lax, would be beneficial; this is insisted upon by Sayre. Massage would, in a great many cases, be of benefit, but only when given under the direction of the physician and by one who is properly skilled as to its use and abuse. The use of arsenic, hypodermatically, into the muscles and by the mouth is recommended by Sayre, when there is evidence of paralysis].

Diagnosis of Sacro-Iliac Injuries.

1. History of case. Rotation of the pelvis under severe pressure or any force, acting as a wedge between the sacrum and innominate, may injure the articulation without complete separation and deformity. 2. Symptoms usually associated with those of contusion of the hip differing in this: the slightest lateral pressure on pelvis is unbearable. 3. Patient is able to be assisted to the erect posture and walk, with crutches, sometimes before he can lie on either side. 4. Great length of time before patient can walk with comfort, and frequently permanently incapacitated for active work. 5. The uninjured side is used as a pivot upon which to swing the pelvis and thus save the strain on the affected articulation. The foregoing points in diagnosis are prominently stated. The results may be permanent defect in walking, and weakness of the articulation.

Points in Differential Diagnosis.

Contusion.	Injury to Sacro-Iliac Articulation.
Cause: a direct blow or fall.	Cause acts as wedge between sacrum and os innominatum or rotates the pelvis under severe pressure.
Thigh of affected side will not render passive motions.	Thigh of affected side may be freely moved without causing pain.
Patient can be turned or turn after short time without causing severe pain.	Patient can not turn nor be turned on either side for a long time, and can walk about some before being able to endure any lateral pressure.
Patient suffers pain in soft parts surrounding the hip joint.	Patient suffers no pain when lying quietly on back, unless the injury is accompanied by contusions.
Patient recovers completely in a few days or at most weeks.	Patient does not recover for months, and frequently the injury is permanent.
There is apt to be ecchymosis and tenderness on pressure over the soft parts.	There is no ecchymosis, and pain on pressure is only felt when the force is applied to the bony pelvis, and then at the seat of injury, i. e., the articulation.

The explanation of the symptoms of pain on lateral pressure and ability to stand erect and walk is explained by the angle of the pelvis (60° to 65°) so that pressure from above or below, brings the articular surfaces closer together and does not bring any strain on the ligaments. Lateral pressure, on the other hand, separates the articular surfaces and puts the ligaments on the stretch.

Causation of Hip Joint Disease.

The author begins with the statement that one portion of the profession adheres to the venerable teachings of the past, the constitutional origin, and another is just as enthusiastic in behalf of the modern theory, local origin of the disease. As advocates of the local origin, he quotes Sayre. Very many of the patients in the earlier stages of the disease are robust looking, and in all cases cured by nature; the patients, subsequent to the cure, are hale and hearty. If the patient had had scrofula; in his system, it would have remained the very fact of their becoming vigorous and robust in his judgment, shows that the disease is not of constitutional origin. The fact that patients that are apparently

at the point of death have, after exsection, become strong and robust, is good evidence, the disease was local. A large majority of cases occur in children while scrofula is not so restricted. The greater number of cases, occur between the age of three and ten years. This, Sayre claims, is accounted for by the fact that prior to that time the child is under the care of mother or nurse and not exposed to the same danger from accident. Dr. Mac Farlane then says: Let us consider the arguments set forth in favor of the local origin by Dr. Sayre. Have we not all seen old persons with a number of cicatrices on the neck, the results of scrofulous suppuration of the glands which, in all probability, rendered the early part of their lives miserable, who are now vigorous and robust. No one would claim that the disease was not constitutional. The fact that before and after an attack of scrofula a patient is healthy does not convince me that the trouble was not constitutional. Scrofula does influence the time that an inflammation runs, and consequently it is more tedious and difficult to cure than in a healthy subject. The proportion of children suffering from hip-joint disease is trivial in proportion to those receiving such injuries as produce it. If the disease was local the symptoms usually following such, would manifest themselves within a very short time, but we know that months elapse before parents feel called upon to consult a surgeon. The child being quite free from lameness in the morning, also those days in which he does not go out or runs less, there is no complaint of pain and this does not agree with the theory of local origin. Billroth says of scrofula or struma, it is a disposition to chronic inflammation in which the inflammatory process may lead to the development of granulation, suppuration or caseous degeneration, or in another place, to assume a scrofulous diathesis, for those cases in which a slight and transient irritation in some part of the body, sets up a chronic inflammatory process, which not only outlasts the irritation, but spreads or continues independently of it, which usually results in suppuration or caseation, and rarely assumes the form of a pure hyperplasia. Speaking of the pathological changes says, through the progress of the plastic infiltration, the synovial membrane gradually loses its former structure; the connective tissue, filled with new cells, gradually becomes homogenous, and from the constantly increasing vascularization, the tissue histologically exactly resembles that of granulations. In these spongy granulations small white nodules form here and there; these are sometimes like mucous tissue, sometimes they are composed of pus cells and even giant cells. The author cites the experiments of Kœnig and Hueter as proving, beyond a doubt, the tubercular origin of most of the cases of so-called granular or fungous synovitis. He quotes Gurlt, of Berlin, who states that he has not met with tubercle either in joints or bones. Virchow considers tubercle as fully compatible with changes of inflammatory products. The two last have not made experiments. He then cites the following case: Patient suffering from hip-joint disease, and in the same institution was a brother with phthisis, and a sister with curvature of the spine. Another case of patient with hip-joint, another with tubercular abscess of mesenteric and pelvic glands, and a third, member of the same family, died of consumption. There is no history (?) of injury to hip in the one suffering from hip-joint disease. Thinks exposure to cold more likely to light up the disease, than injury, although a blow or fall may be the exciting cause, in a person with strumous diathesis. The same causes that tend to excite pulmonary phthisis are prime factors in exciting hip-joint disease. Persons dying of strumous disease of the joints present the following pathological changes, viz., tubercles and cheesy deposits in the lungs, exhibiting the same characters as ordinary phthisis, also tubercular deposits in peritoneum, brain and lymphatic glands, strong proof of constitutional origin. Tubercular disease of joints may be primary, and deposits of tubercle in joint be the only evidence of tubercle. Cohnheim thinks the infection reaches the body

through the lungs and intestines and circulating in the blood, perhaps through the corpuscles, escapes at the injured point. Schuller's experiments show the possibility of inducing fungous inflammation of joints by very slight injuries in animals made tubercular by inhalation. Local tuberculosis may, at any time produce general tuberculosis.

REPORT ON NERVOUS DISEASES.

BY C. H. HUGHES, M. D.

I. Sensibility of Dura Mater.—Professor M. F. Coomes, Louisville, Ky.—*Louisville Medical News.*

II. Reflex Action and its Value in Diagnosis of Spinal Diseases.—Edw. B. Angell, Rochester, N. Y.—*Buffalo Medical Journal.*

III. The Status of Cocaine in Nervous Diseases.—Dr. Geo. C. Catlett.—*Jour. Am. Med. Ass'n.*—Drs. Corning, Shaw and others.

IV. Shock and its Treatment.—*Kan. City Medical Record.*

V. The Neurotic Treatment of Catarrh.—Dr. Lees.—*Brit. Med. Journal.*

VI. Theory of Bronchial Asthma in the Light of Hay Fever.—Sir Andrew Clark.—*American Journal Medical Sciences.*—Editorial *Maryland Medical Journal.*

Sensibility of the Dura Mater.

Dr. Martin F. Coomes, Professor of Physiology, Louisville, Ky., while conducting some physiological researches on the action of morphia and atropia, remarks, in *Louisville Med. News*, as follows:

"One of the most notable occurrences in this observation was the extreme sensitiveness of the dura mater. Previous to this I had supposed that the dura mater was almost devoid of sensation, but on this occasion, notwithstanding the fact that the animal was so profoundly narcotised that I removed the integument from the surface of the skull without his evincing the slightest pain, yet, when I reached the dura mater, evidences of the most intense pain were manifested. I finally succeeded in removing a button from the skull about three-fourths of an inch in diameter. After the animal had become perfectly quiet and so insensible to pain that I could stick a knife into its body almost anywhere without causing him to move, yet the slightest touch of the dura mater would cause him to move and give evidence of pain."

[This is not a new fact, though it is a new confirmation of a fact, which, though known before, is not so well known as to be universally accepted.

So far back as 1870 the reporter hereof, while in charge of the Missouri State lunatic asylum, recorded the case of an insane man who, after receiving an injury on the head, never spoke until, during trephining, the button of bone was being lifted up from the brain at a point where the dura mater was adherent, when he exclaimed, "Oh! it hurts!," and afterwards spoke quite well and freely, asking "What year is this?" etc.

The sensibility of the meninges is constantly demonstrated pathologically in the common cephalalgias, which in no way compromise the mental processes, and are dissociated from pathological states of the subjacent cortex.]

Reflex Action and its Value in the Diagnosis of Spinal Diseases,

While every day occupying the attention of the neurologist, is made the subject of an interesting communication in the *Buffalo Med. Journal* by Dr. Edward B. Angell, of Rochester, New York, in which the most advanced uses of these phenomena are brought plainly and practically before the general profession.

In this paper the distinction between the skin and tendon reflexes is clearly made and their respective significance pointed out and the gluteal, plantar, cremasteric, abdominal, epigastric, as well as the "knee phenomenon" and "ankle clonus" are intelligently discussed, and their practical diagnostic value is clearly pointed out, both in deficit and in excess.

The paper, besides being a terse presentation of the anatomical channels of these several reflex conductions, is an advanced effort

and popularizing the reflex signs in diagnosing morbid states of the spinal cord.

The True Status of Cocaine in Nervous Diseases

Is what we all wish to determine. After the fulsome laudations came the cautious and rather condemnatory conclusions of Shaw, the laudatory but still cautious encomiums of Brower, followed by the warning experiences of different observers in various parts of the world as to the dangers of its internal use, aud now, still later, Dr. George C. Catlett thus writes of its internal use in insanity in the *Journal American Medical Association*, February 6, 1886.

1. It is an agent possessed of great potency. It acts primarily with great power and celerity upon the cerebral and spinal nervous system, and secondarily upon the heart and vascular system.

2. From its potency and rapidity of action it is liable to initiate organic lesions and functional disturbances which are uncontrollable. It is not uniform in its action, and therefore is an uncertain agent.

3. Its effects are too transient and unstable to become a reliable and efficient remedy in constitutional or organic diseases. The aphrodisiac effects attributed to it have not been observed, neither have the intense nausea and inability to vomit been observed. Its permanent beneficial effects in melancholia and allied affections are not established facts, in the writer's opinion.

4. As it is an agent of great potency, and as it is under trial to determine its limits of usefulness and danger, it should be prescribed with increasing precaution and discretion.

Respecting the external use of the drug, Dr. J. Leonard Corning has given the latest and best summary of its uses and testimony to its signal value in many new directions.

Its potency for good locally, though even here not without some dangers to the corneal structures of the eye especially, a subject, however, not strictly within our province to discuss in this connection, is about counterbalanced by its harmful internal capabilities.

The reporter has cautiously used it internally and had no occasion to regret having so employed it, since it has been observed to cause in several instances marked tendency to cardiac failure, dyspnea and cerebral turgescence.

It is a remedy to be used with extreme caution and prudence internally, and the large doses reported as having been so given are not ordinarily safe.

The possibilities for immediate harm are not only great, but the likelihood of remote damage where tolerance is established are not small. The cocaine habit, more pernicious than the morphine neurosis, is the certain entailment of its frequent administration, and its thraldom is far more tyrannical than the slavery of opium.

Internally administered we say of it what we have said before: it is the devil's own drug, and will bear watching. It crazes and kills quicker than opium.

Shock and its Treatment.

In a critical study of shock intended to elucidate its pathological relations (*Therap. Gaz.*), Groninger, of Berlin, defines shock as an exhaustion of the medulla oblongata and the spinal cord produced by violent excitation. This definition is no doubt perfectly proper, though it strikes us as if the term "exhaustion" is not sufficiently clear for defining purposes.

He recognizes the following varieties: 1. The lowest grade of shock, which causes no appreciable effects. 2. A middle grade, which weakens sensation. 3. A high grade, which extinguishes qualitative sensation. 4. A highest grade, which eradicates both passing and permanent sensations of every kind.

His views of the treatment are noteworthy: Energetic counter-irritations of the skin are to be excluded as useless and even dangerous. Abstraction of blood is contraindicated. Transfusion of blood can only be thought of in cases of great loss of blood. Opium and chloroform are of no value whatever in shock, while digitalis is worthy of further study. Alcoholic stimulants and subcutanaous exci-

tation are useful. Horizontal posture, application of warmth, perfect rest, and subcutaneous injection of strychnine are the most recommendable factors of treatment.

The Neurotic Treatment of Catarrh.

At the meeting of the Harveian Society of London held February 4, Dr. Lees read a paper with the above title (*British Medical Journal*, February 13, 1886).

Dr. Lees limited the word catarrh in his paper to its original meaning of coryza, and pointed out the many troublesome and even disastrous results which might ensue from a neglected cold, and the unsatisfactory nature of a merely diaphoretic treatment. He defined catarrh as a neurosis of the vaso-motor nerves, excited in a reflex manner by impressions of cold on the cutaneous nerves. He pointed out that congestion and hyperesthesia of the nasal mucous membrane was a result of this vaso-motor paralysis, and that, conversely, there were reasons for thinking that a morbid irritability of this part might itself excite catarrh, an illustration of this latter process being found in hay-asthma. The question of the origin of catarrh from germs was considered, and the arguments in its favor stated, including the undoubted contagiousness of some colds and the analogy of such diseases as influenza, measles and whooping cough. But to ascribe all catarrhs to germs was premature and probably incorrect. Catarrh being a neurosis, relief must be sought by the aid of neurotic remedies. The indications for treatment were three: to quiet the excitement of the central nervous system, to soothe the local congestion and hyperesthesia of the nasal mucous membrane, and to arrest the flux if it had already commenced. The first indication was to some extent met by opium, but much more satisfactorily by a full dose of bromide of potassium, and this drug had the further advantage of great safety. The second object was easily accomplished by painting the interior of the nose with solution of hydrochlorate of cocaine. The arrest of the flux was to be accomplished by the administration of belladonna, a drug whose first obvious physiological action was to cause dryness of the mouth and throat. The author had found the following method promptly and permanently successful in cutting short a cold. From forty to sixty grains of bromide of potassium were given at once, the dose being repeated in six hours, and again, if necessary, six hours later; and twenty drops equal to fifteen minims, of tincture of belladonna were also given every hour, or every two hours, until the throat felt a little dry. Painting the nasal mucous membrane with a four per cent cocaine solution gave great relief, and might even by itself suffice to arrest a cold. Dr. Lees concluded with the account of a case in which ten grains of bromide of potassium, with eight minims of tincture of belladonna, had in less than forty-eight hours completely arrested a very pronounced nasal aud pulmonary catarrh, with much dyspnea, in a highly rickety child aged 4, whose chest was much deformed; and he suggested that, from the known danger of this condition in such children, it was not improbable that in this instance a life had been saved by the adoption of a neurotic treatment of catarrh.

[It is gratifying to see the role of the nervous system partly recognized in this affection and a method of rational internal treatment advised, based upon the real underlying pathological facts. We have long regarded this disease in the light of a vaso-motor neurosis of peripheral reflex origin and central predisposition just as the so-called hay and bronchial asthmas are, when they are chronically recurrent especially].

Some Observations on the Theory of Bronchial Asthma, Viewed in the Light of the Pathology of Hay Fever.

Hay fever occurs in winter or spring; sometimes it occurs at sea, or in the heart of a great city; sometimes, when no pollen can be found in the air, it arises after a full meal, or in the middle of the night; sometimes it appears almost instantaneously under the influence of intense light, the heat of a great fire, the odors emanating from certain locali-

ties, plants, and animals; some particular place or position occupied in driving; or from emotions and vivid ideas. In an able and suggestive paper in the January number of *The American Journal of the Medical Sciences*, Sir Andrew Clark points out that in these and all like cases there are clearly two main factors at work, a certain local or constitutional predisposition and some immediately acting exciting cause. That some such predisposition exists is plainly proved from the fact that the exciting agents which produce the malady in one class of persons entirely fail to produce it in another; and that these exciting agents, in their relations to the persons acted upon by them, are in a remarkable manner specialized seems also proved by the circumstances that the emanations from a stable which in one person provoke a severe attack, produce in another, liable to hay fever, no sensible effect. And of the persons subject to this disease, it must be said that they are not always affected in the same manner by the same agent; for sudden intense light, which may bring on an attack at one time, will quite fail at another; and so we are compelled to conclude that the organism, or some particular part of it, varies so much in its conditions that its relations to its environments are capable, without sensible structural alteration, of becoming completely changed.

When we inquire into the family and personal history of an individual subject to hay fever, we shall discover as the prominent point in it that the patient and his people are more or less "neurotic." There may be found among members of the patient's family the disease of which he is himself the subject, gout, such skin troubles as urticaria and eczema, migraine, neuralgia, epilepsy, and no inconsiderable sprinkling of pulmonary disease. But that which will be found the most widely, and will connect them all, will be a sensitive, an irritable, and an unstable nervous system.

In a series of propositions Sir Andrew sets forth what he regards as the teaching of a study of hay fever concerning the pathology of bronchial asthma, holding that it is a neuro-vascular trophic disease, and has its roots in a special vulnerability of the respiratory mucous membrane, of the respiratory nerve centers, and of certain portions of the sympathetic.

[This view has been for some time held and taught by the reporter. It was hinted at by the late Geo. M. Beard of New York and is undoubtedly correct.

Tussis senilis which is closely related to bronchial asthma may also be classed as a vasomotor neurosis of the bronchi.]

CONTRIBUTION.

AN OUTLINE BRIEF IN THE MANAGEMENT OF MELANCHOLIA.

DESIGNED CHIEFLY FOR THE HOME PHYSICIAN.—WRITTEN BY PERSONAL REQUEST.

BY C. H. HUGHES, M. D., ST. LOUIS.

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[CONCLUDED.]

Sails should be reefed till the force of the storm's violence is spent. In melancholia this is accomplished through sleep—sweet oblivious sleep—that "knits up the ravelled sleeve of care," rests and strengthens the strained brain and recuperates the wasting and overwrought energies of the organism, in whatever direction they may have been expended. A calm may be reached far out in a different sea or a haven of rest found in a foreign land. Here the simile ceases.

The strictly medical treatment of melancholia, after the removal of all appreciable gross functional or organic conditions, consists in

1st. Tranquilization of psychical agitation.

2d. Restoration of the lost cerebral tonicity.

3d. The substitution of new, diverting and agreeable psychical impresssions.

4th. The removal of the moral causes of the melancholia or the removal of the patient from their influence.

5th. The removal of all physical causes so far as discernible and practicable.

The first and third indications are temporary symptomatic expedients, but they are essential aids to the fulfilment of the second requirement.

To accomplish the first, nightly doses of

alcohol, chloral-hydrate, urethan or opium to induce sleep, and ether lotions to the head, suggest themselves. And occasionally ether or chloroform inhalations. Cephalic galvanizations before bed time may supplant the necessity for hypnotics, and will always be found an invaluable adjuvant treatment.

To fulfil the second indication everything that builds up—generous diet, malt extracts, liquors and wines (sparingly) with pepsin, ingluvin and pancreatine. The compound hypophosphites, muriate of ammonia, iron, arsenic, strychnia, phosphorus, valerian, camphor and zinc. The patient will refuse and resist food, but it must be urged on him in concentrated liquid form, if he will not take solid, and its digestion and assimilation must be assured by chemical aids—but solid foods are best.

The ozone formed by the static machine quickens the blood changes, makes a demand for iron, and accelerates the formation of hemoglobin, of which pure air and iron are the pabula.

For this purpose static electricity and mild static electro massage, give valuable aid, especially where the patient is fleshy and can not be induced to walk out or ride on horseback. Violent and oft repeated massage—mechanical or manual and oft repeated Turkish baths, are positively hurtful to these patients by the excessive weariness they occasion if not compensated by adequate restorative nutrition.

The interrupted current and the static shock, fix and divert the attention of the patient, and have in my hands sometimes awakened a new interest in the medical aspects of this case. The daily surcharging of the patient with the positive current I think does good, and the study of the marvellous phenomena of electricity sometimes supplants for a time the self-introspection of the patient pending our reconstructive measures, and the silent electric saturation has also power to reawaken dormant nutritive and formative force energies in the depressed organism of melancholia.

The free use of aromatic flowers and plants and attractive and novel paintings, statuary and articles of *vertu*, birds and enlivening music and humorous illustrated literature, plays, panoramas and pantomimes are valuable auxiliaries. The exhilarant influence of the aromatic flowers and plants has been attributed to their capacity to generate ozone.

The third indication is promoted by the judicious and temporary use of the exhilarant stimulants, opium, codia, cannabis indica, caffeine, theine, quinine, camphor, the valerianates of ammonia, iron, etc., Hoffman's anodyne, chloroform, the etherials, the alcoholics and coca extract and cocaine. I deem it advisable to use all of these stimulants sparingly, and the latter especially with extreme caution.

No mental impression that will agreeably divert the mind should be ignored in melancholia.

A common practice with me is to combine a half grain of Merck's codia, an equal quantity of Merck's aloin, two grains of pyrophosphate or valerianate of iron, one of quinine and a half grain of extract of nux vomica in capsule form, and to give at ten and three o'clock daily, continuing this for a few days, then withdrawing the codia and substituting a grain of extract cannabis indica.

After continuing this for a few days, I have of late added half a grain of cocaine in lieu of the codia and cannabis indica, or the three C's, codia, cannabis indica, and camphor. But I am not so well satisfied with the cocaine as with the opium in the combination, for the reason that cocaine is much more transitory in its effects than either good cannabis indica or opium salts.

A mixture of fresh coca leaves, tea leaves, ground coffee and chocolate, made into a plug or cake, like tobacco, is an excellent exhilarant if the patient can be induced to chew it regularly as lately recommended by Dr. William F. Waugh of Philadelphia, for the alcohol habit. Squibb's fluid extract of camellia, in one to two drachm doses twice to thrice daily gives tonicity to the heart and sometimes exhilerates the spirits. For the same purposes tea may be given freely.

I have also given strong, black coffee infusion and fluid extract of coca, sometimes with a little brandy, with benefit. Sometimes I have used fluid extract of coca, laudanum, compound spirits of sulphuric ether and brandy combined and with decided benefit, especially when the patient has been habituated to liquor drinking.

A nightly dose of bromide of ammonium in a tablespoonful of elixir valerianate of ammonium or two to four of camphor water is admissible, but, in general, the bromides (especially the bromide of potassium) are contraindicated in melancholia, for it is a disease of neural atonicity.

But there can be no uniform and unvarying method of managing melancholia because of the varying symtomatic manifestations and underlying and concomitant pathological conditions. It may be associated, and generally is so allied, with that fatal neuropathic heri-

tage — the insane diathesis — which often makes such a morbid organic impress upon the inherent constitution of nerve element, that only family extinction can eradicate it, or it may be associated and fortunately often is with a milder degree of degeneracy of nerve element, which persistently induced physiological conditions and healthy environment may regenerate, especially before organic evolution is finished and descending retrogression is begun, in the individual.

Our prognosis and success in treatment will depend somewhat upon our ability to discern these and other underlying causes, and to properly estimate the precise part they play in final causation.

In this relation all constitutional vices are to be considered—the organic nerve cell and neuroglia changes consecutive to chronic alcoholism, the vascular and other structural degenerations from this cause, the adneural depositions of constitutional syphilis, the organic modification of scrofula, the anemia of phthisis and the depressing influence and vasomotor changes of chronic malarial poisoning.

I have seen a melancholia come and go with the development and cure of a rectal fistula, and pass away shortly after the removal of a stone from the bladder, and restoration follow a recovered prostatitis and arrested spermatorrhea. Not, however, without associate constitutional and tranquilizing treatment. It was one of the aphorisms of Hippocrates, that if the evacuation of dropsy should happen to a melancholy man his misery would be ended, and I have seen great amelioration and ultimate recovery follow the cure of hemorrhoids.

Alcoholic depression gives to melancholia a phase of self-reproaching disgust, despair and dread of life's responsibilities with tendency to sudden suicide.

Dyspeptic conditions give to melancholia a hypochondriacal phase, while venereal excesses give to the gloomy foreboding sexual apprehension, morbid sexual antipathies and impulses to homicide. I have known a person six months after matrimony to pass into melancholia and to confess with tears to transient morbid impulses to destroy his wife. Business men, overworked and overstrained by the anxiety incident to the accumulation of a good bank account, have become depressed and imagined themselves coming to want and abject poverty.

In some instances rest and recuperative treatment have restored at once their health and the wealth they never lost.

Religious over-excitations and lustful excesses with their consequent exhaustion of the higher nerve centers, strangely turn the mind to melancholia and murder. Aberrations of the genesic sense, as past and present history, political, religious and personal, abundantly proves, are often satiated in blood, while genital mutilations and tumors are followed by hyperemia, hypochondriasis and erotomania.

But the many phases of melancholia which fall under the observation of an established alienist-physician, who has passed middle life in active practice, are too numerous to be presented in a mere outline of treatment like the present, which aims only at shedding a little working light on the management of its ordinary and early features.

The earlier stage of depression of spirits—the *Schwermuth* of our German cousins—before its monomaniacal form has become prominent, when the latter step comes and the patient refuses medicine and food, believing it to be poisoned, or before seeks self-destruction to avoid the impending wrath of an imaginarily offended God, or panic-stricken and frenzied, seeks escape from imaginary harm in flight, or would gouge out an imaginary offending eye, cut off an offending member or inflict other self-mutilation; these cases shed more lustre on the family physician if he sends them to a safe asylum for the insane, than if he attempts to treat them at home.

The speechless and motionless form, in which the patient must be washed and dressed and fed and, otherwise, appears as if entirely demented—which, however, is not the case, as the patient in this condition, may at any moment display considerable mental capacity and cunning in an attempt at suicide, is not a safe patient to be managed even for a few days by the general practitioner, whose ordinary clinical ignorance of the special and distinctive features of mental disease may lead him, in such a case, into grave and false security and fatal errors of omission if not of actual commission in treatment. This is the *melancholie avec stupeur* of the French, the *Schwermuth mit Stumpfsinn* of the Germans.

Melancholia is a disease which cannot be overcome by storm, but rather is it to be subdued by gradual approaches.

It can neither be successfully managed by cocaine nor controlled by excessive libations of liquor, though I have known a physician to rashly advise a melancholiac to go and get on a spree.

In the use of either alcohol, ether, opium, cannabis indica, or cocaine for the treatment of this disease, we should be careful that we

do not fasten upon the unfortunate patient the relentless thraldom of a fatal drug habit; that we do not lead him out of the possibly transient gloom of his depressing malady into the perpetual darkness and chains of a neuro-psychic slavery, but little, if any better, tha the freedom of organic dissolution, which, is death.

The extract and wine of coca, especially the old *Vin Mariani* are safe and more preferable than cocaine.

If cocaine is given in melancholia, neither ether nor chloroform should soon follow them, as heart and lung paralysis have been known to result from their administration in succession. Cocaine in poisonous doses, like chloroform and ether, especially attacks the medulla oblongata and upper part of the spinal cord, and paralyzes both the respiratory and vasomotor centers of the cord and brain.

If the patient refuses medicines and has to be medicated hypodermically, then theine and aloin, the former in one or two grain doses, three times a day, and the latter in one-tenth to one-fourth grain doses once a day, or every other day, may serve an excellent purpose in tranquilizing and toning the patient's nervous system and in keeping the bowels open. Merck's hyoscamin 1-30 to 1-20 grain may be given hypodermically at night to induce sleep, or we may give Merck's codia or the valerianate or bi-meconate of morphia in the same way, or any tonic and sedative alkaloid, such as the citrate of caffeine, which may substitute the theine.

If we medicate by the mouth we must be assured that our patient swallows what medicine we direct to be given. With all my experience with these patients in a large institution for the insane, I have now a patient, under family care, who succeeded in concealing between her bed slats and the bedrail down under the wire mattress, though she was constantly attended day and night, forty-six capsules, out of about ninety, directed for her, in the course of a month's treatment. They were capsules of Fairchild's pancreatic extract and pepsin, directed three times a day, and a few capsules of aloin, codia and iron. She would hold the capsule in her mouth, swallowing the liquid given with it, till, in an unobserved moment, she would remove it in her handkerchief and conceal it about the bed as indicated. Liquid medicines are best for such patients under such circumstances.

These patients had better be over-nourished than underfed. And to this end I give them all abundantly of Merck's, Darmstadt, dry malt extract or Hoff's liquid malt extract and cream several times a day, unless there has always been a repugnance to milk which can not be overcome.

I have given to them, when it could not be easily given in any other form, the *ferrous malate* in teaspoonful doses between meals.

This outline view and treatment from one, who has had large experience in managing this form of mental disease, both in and out of an asylum, it is hoped may serve to make the family physician somewhat more at home than he usually is, in the early conduct of these cases. They are at best, hard cases to successfully manage, especially at home. And the more the physician sees of them, the more will he appreciate the value of that clinical experience, which comes from asylum observation, for every case of melancholia, along with its general features, has its special phases. He will realize too, in general, that the asylum is the best place for the majority of these cases, and if he cannot secure for such patients very prompt, favorable surroundings and experienced medical attention without an asylum, he will, if he be conscientious, soon advise his removal to a distant hospital, and by distant hospital I mean one as far removed as practicable from all the influences that tend to keep active the patient's mental depression.

The worst mistake that can be made in these cases is to send them to an asylum within too convenient reach of the patient's family or intimate friends and relatives, where the victim may, every few days, get a fresh load of grief in the painful familiar faces which go to kindly, but fatally stab him with their sympathy and keep fresh his mental wounds.

The management of melancholia out of an asylum is no easy matter, and when it is aggravated, should only be undertaken, as a rule, for any length of time at the patient's home by physicians who have had some asylum experience. There are too many things to consider about it, concerning the patient's welfare, which would only occur to a physician of somewhat extensive psychiatric experience. For instance, when a patient refuses food or medicine, it is generally from the promptings of some silent delusion as to its being poisoned or a sin to take it. In melancholia the feelings are delusive, and special delusions may be easily excited by injudicious conduct on the part of physician or nurse, or friend, that may become fixed. It is just as important that some one skilled in psychiatry, by clinical study of insanity, should see these cases, as it is essential in the majority

of instances, to consult an experienced surgeon concerning most tumors. The common impression that even an apparently mild case of melancholia is a simple matter is a very mistaken notion.

Melancholia is at the bottom and beginning of a large proportion of the cases of insanity that ultimately are sent to abide, often after they have passed the best period for cure, in asylums for the insane, unless they terminate their own cases by yielding to and consummating the common suicidal impulse of this disease.

A common and great error in the treatment of this disease is sending the patient off on a long journey without medical attendance, or with a medical man who has had no experience in psychiatry. Probably more melancholiacs sent away in this way, for the benefit of their health, die violent deaths by their own hands than ever recover or return home.

Silent melancholia is suspicious, and we should be suspicious of it. While we treat the patient, whether in the hospital for the insane or out of it, with a cheerful, confident and hopeful air, we should, without betraying our distrust, constantly watch the patient.

These cases must, from their insidious and deceptive character and the consequent difficulty of persuading the friends of their real gravity, be treated for some time by the family physician; hence this outline brief as to their management. It is fortunate that in so many communities there are physicians now who have had more or less of the kind of experience that best qualifies for advice in these cases, and fortunate for the patient and the family physician if such physicians are timely consulted.

CLINICAL LECTURE.

THE POST-MORTEM RESULTS IN A CASE OF CHRONIC BRONCHITIS WITH EMPHYSEMA.

Delivered at the Hospital of the University of Pennsylvania.

BY WILLIAM PEPPER, M. D., LL. D.

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REPORTED FOR THE REVIEW BY WILLIAM H. MORRISON, M. D.

GENTLEMEN: I shall present to you the specimens from a case of chronic bronchitis, which died in this house a few days ago. The patient was fifty-eight years of age, and a leather worker by occupation. His father died of some lung trouble at the age of fifty-six. In his work he was exposed to great alternations of temperature, sometimes working in a cold and at others in a hot place. This exposure to sudden changes of temperature had been continued for many years. He never had any serious illness, although he always took cold easily and these colds would stick to him. He had winter cough for six or seven years, that is he had bronchitis coming on in the fall, lasting through the winter, passing away in the spring and returning the next fall. He did not complain of shortness of breath until one year ago. He then began to have asthmatic attacks. For a long time he had been obliged to get up two or three times during the night to urinate, and passed water frequently during the day. Twelve months ago the feet became swollen and on several occasions he noticed that his face was puffy. The man's habits have been good. There was no venereal history and he did not use alcohol to excess. He dated what he called his present trouble back two and a half years. It appeared in the shape of a bad cold with much cough and a yellow, thick expectoration. Since that time, the cough has continued, and shortness of breath has been added. He first noticed the shortness of breath about a year ago, and it soon became so severe that he had to stop work and sit up at night on account of dyspnea. Lately he began to have asthmatic spells. After admission to the hospital he had a severe attack of spasmodic asthma which was attributed to the taking of a little fresh cold. Nine months ago he noticed a disagreeable sensation in the epigastrium which continued to increase in severity. This uncomfortable feeling sometimes amounted to actual pain. It was somewhat relieved by placing the flat hand over it. Eating made it worse. There had been no vomiting. He had considerable intestinal indigestion, passing a large quantity of wind both up and down, the discharge of gas relieving the distress. During the last three months he lost a great deal of flesh.

In this condition he came into the hospital one week ago. He was pale and emaciated, and he had evidently wasted considerably. He had a short, dry hacking cough. The chest was long, and much emaciated; not the globular chest of emphysema, but the long, flat chest with overhanging clavicles and projected scapulæ, the alar chest which is associated with phthisical conditions. The intercostal spaces were distinct and retracted with each inspiration. The supraclavicular spaces were much depressed

and with each inspiration the sterno-cleido-mastoideus and the other accessory muscles of respiration were called into action. There was no lateral expansion of the chest, the respiratory movement being simply up and down. The apex beat of the heart was under the fifth rib and one inch inside of the nipple line and the impulse was transmitted quite distinctly into the epigastrium.

Emphysema of the lung is not always associated with hypertrophy of the organ. In typical cases of emphysema the chest is thick and globular in form. In chronic bronchitis, however, there is often dilatation of the bronchial tubes and distension of the air vesicles, while at the same time the lung is actually reduced in its bulk, and we have atrophic emphysema. The apex beat of the heart lacked force. Vocal fremitus was absent but this might be attributed in part to weakness of the voice. The superficial percussion dulness of the heart was decreased owing to the fact that the heart was partly covered by the expanded lungs. On deep percussion, the area of dulness was not much greater. Over the remainder of the chest there was exaggerated resonance. On the right side, it extended to the free margin of the ribs, the liver being covered and pushed down by the distended lung. The liver dulness was found below this point. Posteriorly there was exaggerated resonance down to the floating ribs. Here then we found marked results of emphysema. Sometimes the cardiac dulness is entirely absent. The heart is naturally pushed toward the mediastinum, and thus the apex beat comes nearer to the sternum than normal. The liver and stomach are displaced downward, the area of pulmonary resonance is extended and is exaggerated. This accounts for the characteristic respiratory movements of emphysema; the lung being expanded nearly as far as possible, the breathing must be carried on by the diaphragm and the abdominal muscles.

On auscultation posteriorly, breathing was found to be blowing in character and the expiration prolonged. Ordinarily, we have feeble breathing and prolonged expiration in emphysema, but if the bronchial tubes have become uniformly dilated and there is slight thickening of the pulmonary tissues surrounding them, the blowing, bronchial breathing would come through and we should have blowing breathing associated with the prolonged expiration. Over the left chest, the respiratory sounds were more marked, and at the left apex they were most distinct. Sibilant rales on expiration were heard best at the angle of the left scapula. Rough breathing sounds which were heard at places, disappeared somewhat after coughing. In front, the breathing was blowing in character and expiration was prolonged. The sounds were louder over the left chest than over the right. Over the left side at times no rales were heard, merely a shrill whistling sound in breathing. On the right side, there was a distinct rasping sound and loud sonorous rales on expiration. It was noticed that after coughing there was a great change in the sounds. This is constantly observed in chronic bronchitis. The patient was somewhat relieved by the use of palliative remedies, but died in the course of five days. Towards the close of life he became more and more dull and his breathing assumed that peculiar character known as Cheyne-Stokes respiration. A number of respirations occur in a group, then there is a long interval, then a number of respirations again take place, beginning with slight movements, gradually getting more rapid, then slowly dying away, ending with a long interval of rest and then beginning again. From five to fifteen respirations may occur in each group. The interval between each group may vary from ten to forty seconds. The interval is sometimes so long that it seems as though the patient would never breathe again. This may be continued for many hours. Cheyne-Stokes respiration is not pathognomonic of any particular condition. It is met with in uremia and other diseases at the close of life; it is met with in exudative meningitis of all types, where there is pressure upon the brain. In tubercular meningitis, it is very common as ushering in the last and fatal stage.

The post-mortem examination was made with great care and the lesions are, under the circumstances, of exceeding interest. The lungs give a typical illustration of the changes met with in emphysema. Around the free margin of the lung, great bladder-like distensions are observed. This is most marked along the anterior border and over the posterior surface. You can imagine that such a lung would maintain the chest in the position of full inspiration, and that inspiration would be almost impossible. Emphysema is sometimes sub-pleural. There are places here where these sacks have attained considerable size. I have seen them as large as pigeon's eggs. The other lung has been cut open and presents no less interesting changes. Instead of the bronchial tubes gradually growing smaller and smaller, they lie like the fingers of a glove, spreading through the lung tissue. They are long wide channels. Sacculated distensions are found where there

should be nothing but vesicular structure. There is uniform dilatation of the bronchial tubes. They end in globe-shaped extremities. Around the tubes, the lung tissue is hardened. The dilatation of the tubes has been brought about partly by this cirrhosis of the lungs and partly by the softening of its tissue and the straining efforts of coughing. The change is not as marked in the upper bronchial tubes as in those at the base of the lungs. It was this combination of uniform bronchial dilatation with emphysema which gave rise to the diffused blowing respiration with prolonged expiration. If the tubes had not been dilated the vesicular murmur would have been almost inaudible and the expiration would have been prolonged.

The effect of the emphysema on the condition of the heart is also of great interest. It is needless to say that where the lungs are in this state for years, there is great difficulty in propelling the blood through the lungs. This strain falls chiefly upon the right heart, and we have as a sequel of chronic bronchitis and emphysema, dilatation of the right side of the heart. We do not generally meet with this condition where the interference with the circulation is due to phthisis, for there the disease so strikes at the vitality that the amount of blood grows less as the lung tissues waste. There is therefore not enough blood to distend the heart. In chronic bronchitis and emphysema, the obstruction to the pulmonary circulation is very great while the amount of blood remains almost normal. Dilatation of the right heart is therefore an extremely common occurrence. In this case, the right heart is greatly dilated with thinning of its walls. There is excentric hypertrophy of the right side of the heart. This serves to explain the fact that in emphysema the percussion dulness of the heart comes more to the right, and that the impulse is often transmitted to the epigastrium. Serious results follow this dilatation of the heart. The pulmonary circulation becomes imperfect, the blood is backed upon the right heart. The venæ cavæ are unable to freely discharge their contents into the right auricle, and engorgement follows, especially in the region of the lower cava. We have, in consequence, congestion of the liver, which becomes enlarged. From this results imperfect digestion, hepatic catarrh and the formation of gall stones. We found sixty calculi in the gall bladder from this case. We had no history of attacks of pain or of jaundice. The gall bladder presents the lesions of chronic catarrh. Its lining membrane is roughened and thickened.

The mucous membrane of the stomach showed enlargement of the follicles and other evidences of the chronic catarrh.

The kidneys were small. The capsules were readily detached. On section the organs were found much congested. A microscopical examination of the renal structure has not yet been made. No albumen was found in the urine passed during life, but a trace was found in that removed after death.

The liver is small, flattened in its antero-posterior diameter, cuts with a creaking sound, is nutmeg in appearance and evidently the seat of cirrhosis.

The pancreas presents a rare appearance. It is in a state of hemorrhagic infiltration. There has been chronic pancreatitis with rupture of the vessels and infiltration of the tissues. There is positive hemorrhage between the lobules chiefly toward the tail, where there is an actual clot.

No lesions were found in the brain to explain the occurrence of Cheyne-Stokes respiration.

We have in this case the characteristic lesions of chronic bronchitis with emphysema, of dilatation of the right heart, and the results of long-continued venous congestion of the abdominal viscera. There is cirrhosis of the liver, serious organic disease of the pancreas with hemorrhage, and lesions of the kidneys. It is the lesions of the abdominal organs which explain the indigestion, the gastric distress, the interference with assimilation, the rapid loss of flesh and finally the fatal result. The dropsy may be variously explained. In all probability, it was the result of the feeble right heart with a certain amount of anemia. It may be that the microscopical examination of the kidneys will help to account for the occurrence of the dropsy. You can readily understand that where there is this engorgement of the right heart and of the cavæ, occasional puffiness of the face from obstruction of the superior vena-cava and occasionally edema of the feet from obstruction of the lower cava, must occur. When this condition pursues its course to what may be called its legitimate end, and that is, when the emphysema becomes so extensive and the heart so utterly weak, that neither respiration nor circulation can be carried on, the patient finally dies from apnea.

—The stomach and the pocket once had a dispute as to which had the most influence over its possessor. The stomach took the cake.—*Southern Practitioner.*—The "stomach-cake," we suppose.

WEEKLY MEDICAL REVIEW,
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914 LOCUST STREET, ST. LOUIS, MO.

SATURDAY, APRIL 10, 1886.

"THE INTERNATIONAL MEDICAL CONGRESS" Is the watchword—we had almost said the battle-cry—of the profession, and the paper bullets, postal cards, "open letters," warnings, etc., are flying thick and fast. Even charges and counter-charges have been made, and the leaders are pointing to St. Louis as the site of the great struggle.

Now, this is all very well, gentlemen, but let it be done in a manly, honorable way. Stop calling "names," and ascribing sinister motives to others. "Get there," if you can; have a free discussion if you think best, and, above all, an honest vote, and then demand of every man, who goes into the American Medical Association, THAT HE STAND BY THE RESULT.

THE MEDICAL SOCIETY AND THE DAILY PRESS.

As our readers are aware, we were unable for some weeks to present to them any part of the proceedings of the medical society on account of a resolution prohibiting all medical journals from so doing. The anxiety on the part of the society to keep, for a time, all knowledge of its work from the medical public appears the more strange, when we recall the fact, that during the entire time the daily press sent its reporters to the meetings and secured and published such report as it saw fit, without in any way "submitting it to the publication committee," notwithstanding the fact that the written law of the society prohibits the presence of representatives of the daily press. The embargo against the medical press has been removed, but the law against the daily press remains, yet the daily papers every Sunday morning contain reports of the society proceedings.

In our judgment the society made a blunder and legislated against its own interests by legislating against medical journals. But it has done the correct thing in correcting the blunder, not, however, until the medical press, East and West, had shown up and sharply criticised its action. We take it, however, that the society made no blunder when it formally adopted a resolution, as a scientific body, to encourage the free reporting of cases and discussions by its members, and to discourage the ebullition of natural gas and the seeking of free advertising in the daily papers; but we think the failure to enforce the written and expressed law of the society is something more than a blunder, an evident intentional one, as attention has been called repeatedly to the matter.

THE RELIGIOUS PRESS AND QUACKERY.

OF all the outrageous inconsistencies of modern times, the strange affiliation of the religious press and quackery is the worst. It is bad enough to see humbug medical advertisements in the secular newspapers, but these are run to make money, as well as to furnish news. It is different with a religious paper. It is generally endorsed by some particular denomination; its editor is a "D. D.," perhaps; and its main object is, or should be, to advance the cause of truth and righteousness.

How disgusting and false to principle does such a periodical seem, when we find the editorial head held high in the atmosphere of purity and honesty, while the advertising tail is low down in the mire of falsehood and avarice; and it does seem that a great proportion of this singular union is tail.

We hold that the editor of a religious paper, more than almost any of his brother editors, is expected, from the very confidence which his work commands, to tell the truth. He is just as responsible for deception in the advertising columns as in the editorial. He occupies as sacred a place, and ought to have more influence than the minister in his pulpit. As we listen (or read), we hear him say "Catarrh cured; enough of the remedy sent to effect a cure for $3.00;" or, "Send six cents and receive free a costly box of goods which will help all to more money, right away, than anything else in this world;" or, "I have

a positive cure for consumption. Thousands have been cured." A plain question is, are statements like these true or false? And if false, what business has a religious journal to publish them—for money. The meanest medical journal in the land (and medical journals are not all criterions of decency) would scorn to accept some of the advertisements of the average religious paper. The unscrupulous advertiser need not *steal* the livery of heaven, so long as he is permitted to *pay* advertising rates.

THE LOCAL COMMITTEE OF ARRANGEMENTS For the American Medical Association has a chance to distinguish itself in the next three weeks. We understand, that some of the members are saying, that the physicians of the city are not coming up to the work, and that if the arrangement is a failure, it will be the fault of the profession. This will not answer. Our city is a hospitable one, and there is a large class of successful, liberal physicians here.

It is true, as we said in our last issue, that there were many reasons against the coming of the Association; but for all that, if the work is thoroughly taken in hand it will succeed; if it fails, it is the fault of the committee. The REVIEW has said truly that the local profession is not living up to what was expected, but there is a cause for it somewhere. It is no use to say that there are cliques and divisions and opposition to this man and that man. Such things do exist, but in as little degree in St. Louis as in any city of its size. If the committee has failed to interest the members of the profession, or to overcome any petty jealousies, or to thoroughly organize the workers among the physicians, it is a pity, but it is not the fault of the profession.

There is time to do all that is yet undone, but if the work is not done and well done, then the fault is with the men who brought the Association here, and the men who for a year have had the matter in charge.

The fact, that as yet there has been no called meeting of the profession, or action by any local society, the incomplete work of the transportation committee, as shown by the report in this issue, the statement by a member of the reception committee that no meeting of this committee has been called, and all this within thirty days of the time of the convening of the Association, these things plainly show that the committee expects to do much in a short time. Some of the members of this committee have shown themselves competent to run local medical societies and direct society elections. Surely they will be equal to this emergency, especially when they have had a whole year to do their work.

If the committee achieves success, and we hope it will, then it shall have the credit; but if failure results, it will certainly be the failure of the committee.

We must in justice say that the committee of arrangements is largely composed of most estimable men, but many of them labor under the disadvantage of having been comparatively recently added to the committee, yet willing to do all in their power to aid even at this late hour. It is to the originators of the whole matter, the chairman and secretary of the committee, that we look for a result—a result which is within reach, if they are the right men in the right place.

THE TREATMENT OF ERYSIPELAS.

An interesting contribution to the treatment of erysipelas emanates from the university clinic of Professor Kraske, of Freiburg, Dr. G. Kuehnast being the reporter in No. 9 of the *Centralblatt fuer Chirurgie.*

On the premise that erysipelas is a typical infectious disease and to be classed with the septic wound-diseases, the line of its treatment has been mainly conducted on antiseptic principles. This line of thought underlies Hueter's method of combating the spread of erysipelas by intra-parenchymatous injections of carbolic acid. The indifferent success of this mode is reported as owing to the uncertainty with which specific inflammatory agents are destroyed by antiseptics after they once have found introduction into the tissues. The prime requisite in treatment is to find

means of eliminating the agents and the products of the inflammatory process and to relieve the tension of the tissues, thus establishing conditions unfavorable to the spread of the process. It is on this principle that a septic pleuritis, or an infectious purulent arthritis is arrested by incision and drainage, while the mere injection of even strong disinfectants into the pleural cavity or into the joint would lead to no result.

A free evacuation should be attempted, not only of products accumulated in preformed cavities, but also of such diffusely distributed in connective tissue, or a parenchyma. This end is attained by multiple incisions and scarifications, which procedure was recommended in 1880 by v. Volkmann in progressive septic phlegmonous inflammations, and has been suggested in erysipelas by Dobson, as early as 1828 in the *Medico-Chirurgical Transactions.*

Kuehnast gives the details of his action as follows:

After the erysipelatous surfaces have been thoroughly cleansed, numerous punctiform scarifications and incisions, a third of an inch long, about 15 to 20 to the square inch are made. Narcosis may be employed. These punctures and incisions are to go through the upper layers of the corium only. The whole cutis is to be penetrated only here and there. Along the margins, where the erysipelas appears to be advancing, the small incisions should be especially employed. From these numerous perforations a sero-sanguineous, and later on a purely bloody discharge, considerable in quantity, ensues. The skin is then irrigated with a five per cent solution of carbolic acid, and the skin, picked up in folds, may be manipulated so as to express all the fluid possible. Subsequently the carbolic acid is to be rubbed into the openings. The dressing consists in compresses dipped in 2½ per cent solution of carbolic acid.

The following illustrative cases are recorded:

1. K. B., 40 years, admitted April 28 with erysipelas that had started four days previously from an ulcer of the leg. The whole leg and thigh were involved. Temperature 39.4° C. The above detailed treatment was resorted to. As a result, the temperature registered 38.4° C. the same evening, 37.6° C. next morning. The redness and infiltration had passed away. No further fever developed.

2. H. W., 34 years, admitted with a severe burn of face and hands. On the eighth day erysipelas developed on the left arm, spreading to the flexor side of the humerus. Temperature 39.4° C. Treatment as above was instituted and carbolized compresses used as a dressing. The fever registered 41.3° C., that night. The next morning the scale read 37.2° C., a fall of four degrees. Rapid convalescence.

3. B. F., 44 years, with tuberculosis of the lungs, ulcus cruris dextr., varicose veins of legs and scrotum, and two tuberculous abscesses on the left nates. These were opened and curetted. Erysipelas arose. Scarification was made, but not very completely on account of the proximity of the anus. Still the temperature fell from 39.5° C. to 37.0°., and redness disappeared.

Next day, however, the fever went up again. The erysipelas was spreading toward the sacrum. Scarification was again followed by a prompt decline of fever. Subsequently another outbreak occurred, extending to the thigh and scrotum. The same treatment was attended by the same prompt and gratifying result. A portion of the scrotum became necrotic.

We give the history of these cases to show the remarkable influence of the procedure upon the temperature, which rises first, undoubtedly owing to the mechanical irratation that is produced, and then drops to a normal figure. The third case seems to demonstrate the utility of making the scarifications some distance beyond the margin of the erysipelatous redness and swelling. Owing to the locality of the original trouble a precise and sufficient scarification was not practicable, and, as a result, we find the process spreading in several directions. The uniform result

though is the immediate arrest of the process by the treatment.

Kuehnast does not propose to practice the method in light cases, that would yield to less heroic treatment. And erysipelas of the face, even if of a severe type, is hardly suitable for such treatment, that necessarily leaves small cicatrices. But erpsipelas of the scalp with threatening meningeal complications would be eminently fitted for such treatment.

Kuehnast formulates his views as follows:

1. The treatment of erysipelas by multiple scarifications and incisions with subsequent application of carbolic acid is the most effective method at our disposal.

2. The method is not to be recommended in cases of light erysipelas and in cases of erysipelas of the face or other exposed surfaces.

3. Certain modifications may be practiced. Thus in extensive erysipelas in decrepid individuals, the scarifications may be limited to the margins where the process is progressive. In children and old people it is advisable to substitute salicylic or boric acid for the carbolic acid washing and dressings.

The Treatment of Pleurisy and Empyema.

Based upon a wealth of clinical experience Dr. Aufrecht, of Magdeburg, holds very decided views regarding the management of these affections, and communicates them to the *Berliner Klinische Wochenschrift.*

He is not in favor of puncturing and aspirating small pleuritic exudations, but favors their treatment from the beginning with salicylic acid. He gives 5-6 grams of salicylic acid daily in gram doses and obliges the patient to keep the bed. After two or three days the total amount may be reduced, but the drug is to be continued for a week or ten days. This treatment is frequently followed by rapid recovery, and Aufrecht finds the average of duration of the disease to be less than the record of any other mode.

Thoracentesis is advised in all large exudations, that is to say, in such cases where the pressure in the pleural cavity is positive and a passive compression of the lung occurs. This, of course, cannot be determined directly. Generally a displacement of other organs, of the heart, the liver or the spleen, can be made out, however, and this condition is an indication of lung-compression. A good empiric criterion to guide us in operating, is that of Fiedler,who recommends surgical interference when the exudation has reached the third inter-costal space.

Aufrecht recommends:

1. Operation in the axillary line in the fourth inter-costal space, the patient occupying a dorsal recumbent position.

2. A trial puncture by a Pravaz's syringe before operating.

3. If there is reason to believe that less than 1500 C. C. of fluid will be discharged the operation had better be left undone.

4. Not more than 2500 C. C. should be evacuated.

5. The thoracentesis should not be repeated, unless a vital indication demand it.

6. The operation should be made in all cases of large exudations, irrespective of the degree of temperature of the patient, at once, i. e., as soon as the case presents itself for treatment.

Aufrecht bases these conclusions on over thirty cases of operation. He gives salicylic acid in the after-treatment.

Our readers will perceive that Aufrecht is at variance with such competent observers as Ewald, Hofmokl, and Glax, who, while not unqualified opponents of thoracentesis, insist upon the advantages of waiting. We remind our readers of an article on the treatment of serous pleuritis in No. 26 of the last volume of the Review, in which the method en vogue at Graz is described. The method is based upon restriction and prohibition of fluid ingesta, and the administration of saline drugs.

In cases of purulent exudation, or empyema, Aufrect is emphatic in advocating a perfect opening of the pleural cavity by rib-resection. Mere puncture, even in children, is insufficient. A trial-puncture should always be made in order to determine the nature of the exudate,

definitely. Aufrecht resects the rib by means of a scissor-like instrument, a costatome. In the after-treatment the best results have been obtained by washing the pleural cavity with a very weak solution, 0.2: 1000.0, of nitrate of silver. This solution was chosen in a case where carbolic acid, as well as thymol irrigation, was followed by seriou scollapse. The case was a remarkable one in the consecutive development of a puerperal endometritis, thrombosis of peri-uterine veins, embolism of the left lung, purulent pleuritis and perforation of the same through the necrotic embolic focus.

THE GALVANOCAUTERY IN DIPHTHERIA.—This therapeutic innovation by Bloebaum and Tedeschi is exciting a widespread interest. Since we first called attention to the practice in the REVIEW of February 13, the *New York Medical Record*, the *Medical Age*, the *Therapeutic Gazette*, and the *Maryland Medical Journal*, etc. have taken up and discussed the matter. The *Therapeutic Gazette* is hearty in its endorsement of the measure, and contains in a letter by its Berlin correspondent a report of a first trial by Professor Henoch. The child was chloroformed, the jaws separated by a screw-dilator and the cauterizer applied to each tonsil and the pharynx. The case did well.

Prof. Henoch says: "Though I think favorably of the cauterization plan, I think Dr. Bloebaum's views require some restriction. * * * I can regard this cauterization only serviceable if executed during the first or first two days after the diphtheritic infection is established. If the pathogenic microbes have once found their way into the circulation, or have there caused a deterioration or decomposition, I can not see that even local pharyngeal improvement—and this, of course, we obtain at all events—would save life."

TONSILLOTOMY.—M. de St Germain, according to the *Philadelphia Medical Times* (*Jour. Am. Med. Sc.*) considers this operation not devoid of danger. He operates only if the tonsils touch in the medium line. From four years of age up to twelve is the time for operating. In younger children the loss of blood may weaken the patient. There is always, especially in adults, risk of hemorrhage and the physician should remain with the patient at least an hour. A concave bistoury, the gland being held by a proper forceps, is considered preferable to the amygdalotome. If excision is for any reason to be avoided, the electric cautery furnishes a safe, though tedious, mode of reduction.

We have had good results in the treatment of enlarged tousils with the chloride of zinc, as recommended by Prof. Chisolm. A wire, the size of a fine knitting-needle, is roughened at the end, so as to hold a fibre of absorbent cotton twisted upon it. This is dipped in a saturated solution of chloride of zinc and thrust to the bottom of a follicle and kept there several seconds. Several follicles may be cauterized at each sitting. The result is a cicatricial shrinkage.

TREATMENT OF SMALL POX BY OPIUM AND ETHER.—According to the *London Medical Record*, M. DuCastel read a paper at the Societé Mèdicale des hôpitaux on the advantage of strong doses of opium and subcutaneous injections of ether in small pox. He says this treatment modifies the period of suppuration in the unvaccinated and completely suppresses it in the vaccinated. Fifteen to twenty centigrams ($2\frac{1}{2}$–3 grains) are given of opium and two Pravaz's syringefuls of ether are injected daily in adults. The illness is reduced to a period of 8 to 10 days.

TEST OF THE QUALITY OF COCAINE.—The *London Medical Record* states on the authority of the *Pharmaceutisch Weekblad* that the presence of hygrine and egonine in the hydrochlorate of cocaine may be detected by treating the salt with cold concentrated sulphuric acid .If the salt is pure the result is a completely colorless solution. The impurities will stain the solution.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

Stated meeting held Saturday, April 3, 1886, the President, Dr. E. H. Gregory, in the chair.

Dr. Porter, as chairman of committee appointed to frame resolutions on the death of Dr. Austin Flint, Sr., read the following, which were adopted: (Copy of resolutions in possession of Dr. Porter).

Died March 13, 1886, Austin Flint, Sr.

Few words are these, but enough to have startled the brotherhood of physicians throughout the world. Yesterday, he was first among American workers in medical sciences and honored in every land. To-day, we have his legacy to us, his fame, his thoughts, and the memory of his splendid life. He had attained the highest distinction—he conquered till he fell, "and as he fell wrote vici on his shield."

Remembering all, that Professor Flint was as a leader in our profession, we have

Resolved, That we lament the sudden close of a life which under God was crowned with such signal success.

Resolved, That as his scientific researches and literary labors have been to each of us an advantage, so do we feel in his death a sense of personal loss.

Resolved, That we will, when reviewing the record of what he accomplished, take courage and have a renewed incentive to do our whole duty, in the thought, that he too was a physician.

Wm. Porter,
H. H. Mudd,
Garland Hurt,
Chas. E. Briggs,
Legrand Atwood.

Dr. Hurt moved that a copy of resolutions be forwarded to the family of Dr. Flint.

Dr. Lutz presented to the Society two specimens; one, an entire inferior maxillary bone removed from a young lady, aged twenty, employed in a match-factory. Patient had a tooth extracted, and inflammation began at that site, rapidly involving the entire bone and leading to the loss of all the teeth, except one or two of the last molars. The necrotic process had existed one and a half years, and the removal of the entire bone was easily effected by dividing it at the symphysis and freeing it from its ulcerated and softened coverings. A substance intended to ultimately take the place of the removed bone had formed to some extent, but, how perfectly it would answer the purpose, could not, as yet, be determined.

Second specimen was the angle of left side of inferior maxilla removed five years previously, through an incision down upon the bone. Patient was a man employed in a match-factory, and since the operation the piece removed has been entirely replaced by new bone.

Dr. Fry presented to the members for inspection two pieces of wire, each about an inch in length, which he had removed from the vagina of a woman, upon whom an abortion had been performed a short time before. The woman stated that a still longer piece had fallen into the lower part of vagina, which she had herself removed. Her complaining of constant sticking pain led to an examination, which revealed the two pieces of wire lying in the posterior cul-de-sac. The doctor thought from the statements of the woman, who said that during the operation something had been cut with scissors high up in the vagina, that the man performing it had been unable to remove the wires after their introduction, and had cut them off, leaving them in the vagina. The doctor wished to present them to the Society, as showing the crude instruments used by that class of scoundrels in some instances, and the probable dangers of their use.

Dr. Porter spoke of the preparations being made for the reception of the American Medical Association, saying that unless more energy and enthusiasm were infused into the work the Association would meet with a poor reception, and that, owing to the position of the St. Louis Medical Society, it would be looked to by the Association for strong support.

He recommended to the Society to adopt some plan by which to stimulate the work now in progress.

Dr. Hurt asked to have the chairman of the committee on finance report as to the present financial condition of the work. The chairman, being present, replied that everything was as yet in an incomplete state; that it was difficult to ascertain with certainty what their resources were. Among the members of the profession some had been found generous and anxious to help the work along; others were listless and seemed to think it a matter of no interest to them whatever. He urged the individual members of the local profession to speak to their friends, as interest could frequently be excited in that way, when other means had failed.

Dr. Love thought that no greater conflict existed among the members of the medical profession, than among those of any class; that although the bringing of the Association to St. Louis might have been a mistake, it

was too late to talk about that now, and that the only thing to be done was for the profession itself to respond heartily to the call for contributions; the merchants could not be expected to give freely to the project, as they were called upon in every enterprise to contribute, and that generously too, while the medical profession was but seldom asked to furnish funds for such purposes. He thought that the need for money being made public was an advantage, and that it would be a good idea to call a general meeting of all the local societies, and there solicit the greatest amount which each one felt himself able to contribute, suggesting that the officers should confer with the men engaged previously in the collection for this purpose, and find out how much more would probably be wanted.

Dr. Lutz asked the opinion of the members as to the administration of turpentine in the treatment of phosphorus poisoning.

The President said that he had met with many cases of necrosis of the lower jaw, but that he could only recall one or two which he could attribute to phosphorus as a cause. Of its treatment by turpentine he had nothing to say. He related the history of a case to which he was called, in which the child had been constantly complaining of griping pains in the abdomen, with dysenteric passages; the condition had lasted six weeks. Being impressed immediately with the thought that it was an intussusception of the bowel, the child was chloroformed and an examination made, revealing a long tumor in left side of abdominal cavity, extending upward as high as the spleen; it greatly resembled a long sausage, in size and form, and was immediately recognized as the descending colon distended with fecal matter. Upon examination per rectum, could be felt a hard tumor, which proved to be a portion of the distended colon which had sunk into the rectum.

By inverting the patient and kneading the abdomen, while taxis, similar to that used in the reduction of a hernia, was employed, the tumor disappeared; and after the lapse of a short time, the child had a natural passage from the bowels, and was able to rest comfortably. The case was quite an unique one, and was positive of the correctness of the diagnosis, and the efficiency of the treatment. He spoke of the rarity of chronic intussusception in children, thinking it *more common in adults.*

—Dr. Rowe reports an ovariotomy upon a child twenty months old. (Exchange.) We trust it will not raise a "row" if we say this case should be classed under the head of embryovariotomy.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, Thursday, March 4, 1886. The president, B. F. Baer, M. D., in the chair.

Menstrual Epilepsy.

Dr. Howard A. Kelly exhibited recent specimens of tubal and ovarian disease, removed within the past two weeks. The first specimens to which he called attention, were removed from a patient twenty-one years of age, who has suffered from an aggravated menstrual epilepsy from the very first appearance of the function. There was no difficulty, whatever, in the removal through a small incision into which two fingers could just be slipped. The whole operation from beginning to complete closure took but twenty-four minutes. The right ovary was deformed by a very prominent nodule, about one and a half centimeters in diameter, which burst on removal, discharging a watery fluid, and was shown by its lining membrane to be the last corpus luteum.

The second specimens are rare examples of

Hydrosalpinx with Congenital Deficiency of Tubes and Broad Ligaments.

In this case there was malformation of the distal ends of the tubes, broad ligaments and ovaries. The left tube is as large as a Bologna sausage. It was brought into view with great difficulty, after separating many light adhesions to the pelvic walls; while the isthmus is much enlarged and thickened, the great distension is at the involuted ampulla. The operator was materially assisted in bringing this tube into view by upward pressure on the cervix by a hand in the vagina. The fimbriated extremities were lost in a mass of vascular and fibrous tissue forming a broad ligament, and deep down in this were imbedded the somewhat hard elongated large ovaries. It was utterly out of the question to attempt a removal of the ovaries, and any such operation would have been of a very desperate character, nor did he, Dr. Kelly, regret this in the least, as he had planned his operation for tubal disease, to which he attributed all the patient's sufferings. The right tube was as large as his middle finger, and was also distended with watery fluid.

The other specimen is a very large

Hematosalpinx.

This tube, the left, about four inches long, burst as he was removing it, discharging four ounces of tarry blood. It was very adherent, having several attachments to intestine and omentum. The dilatation is here, too, seen

to be at the ampulla which extended far beyond the ovary back into the cul de sac. The ovary is embraced by the isthmus and presents a curious appearance, as it lies, about twice the normal size, embedded in a sort of ball and socket manner below the isthmus. Where it is laid open the tube is converted into one large sac.

Dr. W. C. Goodell had been surprised at the size of the tubes.

Dr. Jos. Price remarked that the tube was so large that the uterus had been pushed aside by it. Great care was required in its removal.

Dr. Chas. Hermon Thomas said that some time since he should not have recognized such a condition, but now he can; the result of experience in bimanual examination. He would like to hear further on this point of diagnosis.

Dr. B. F. Baer thinks it very unfortunate that the ovaries as well as the tubes could not have been removed in the case just reported by Dr. Kelly, for their presence will probably result in the usual monthly congestion and consequently the pain and other pelvic distress, for the relief of which the operation was performed, may continue to exist. There are several cases on record in which the tubes were removed and the ovaries allowed to remain, but the results have not been reported.

He can see no reason why this should be done unless the ovaries can not be found, or some other insurmountable difficulty presents itself. He fully believes in the advantages of prolonged and thorough palliative treatment in these cases. Benefit usually follows, and sometimes cure; at least operation is rendered less difficult and more likely to be followed by recovery of the patient both from the operation itself and the symptoms. Certainly the application of remedies, such as iodine to the fundus of the vagina and the interior of the uterus, with prolonged rest and general building up of the system, will have a strong influence in attenuating adhesions, promoting absorption of lymph and possibly, if not probably, in cure of the patient without operation.

It should not be forgotton that removal of the tubes and ovaries in these cases does not cure absolutely in every case. He believes that we will be called upon in a few years by many of these cases, which have been operated upon, to relieve symptoms which still exist or have returned and for the relief of which operation had been performed; just as we have been called upon from time to time and pestered by those old cases of chronic hypertrophy, and retro-flexion of the uterus with pelvic adhesions. He has now under his care one of his own cases upon which he operated for the relief of symptoms, the result of disease of the tubes and ovaries with pelvic adhesions. The patient made a good recovery and appeared to have been cured, but the symptoms have returned, and she is now complaining almost as much as before the operation. She also has periodical attacks of metrorrhagia. This of course is an unusual case. He has another patient under his care, who was operated upon in a neighboring city by removal of the tubes and ovaries, and is treating her for the same symptoms of which she had complained before the operation. He is an advocate of the operation in some cases, but he pleads for due deliberation and the exhaustion of careful palliative and preparatory measures before operation is resorted to. Many cases will get well without operation. Some will not be benefited by operation if performed, and there is some danger in laparotomy, although Tait has had such remarkable success.

Dr. Da Costa inquired if Dr. Kelly had tried the benefite of rest and treatment before operating.

Dr. Joseph Price said that the recurrence of symptoms seemed to indicate partial removal of the tubes and ovaries. One of the fundamental rules of surgery is to seek for pus when it is probably present, and in all cases to remove it if possible. When the ligature will cut through the tubal stump on account of its cheesy character, hemorrhage may be prevented by the application of the cautery.

Dr. Kelly, in closing the discussion, said he did not in the least regret that the ovaries could not be removed, as he had operated for tubal disease, not for ovarian, and he admired the zeal of Schrœder, who instead of always removing the ovary, sometimes resected diseased portions. In all the cases of tubal and ovarian disease upon which he had operated, months and years of careful treatment had been wasted, and now where he diagnosticated pyosalpinx the only delay he allowed was to put the patient in the best possible condition for operation. Topical, external and internal treatment is utterly futile and never does more than secure temporary palliation.

Dr. Kelly's reliance regarding diagnosis lay entirely in a skilled and bi manual examination by which he always accurately mapped out all the peculiarities of the case before operation. If there is rigidity and resistance, it is necessary to etherize, but he has yet to see the case where the presumptive signs were

those of tubal and lesser ovarian disease where the structures could not be picked up between the two hands and outlined. He considers that this tact has been largely developed by persistently examining the condition of the appendages to the utmost possible extent as a routine practice in all cases which come under his notice. Introducing the finger as high as possible, by forcing the hand well under the pubic arch, and carrying the sensitive pulp up against the post-fornix, or either lateral fornix, and then playing up and down with the other hand pressing on the abdomen and creeping a quarter inch at a time without ever fully relaxing, and letting structures in between roll through the two fingers, and in case of an ovary running round its whole periphery, or of a tube tracing it up to the cornu uteri and down into the retro-uterine pouch where it generally terminates, give often most surprising results and would doubtless, if universally carried out, change hundreds of diagnoses of leucorrhea, endometritis and flexions with adhesions, to the far more serious ones of pyo-or hematosalpinx.

Pyosalpinx.

Dr. Joseph Price exhibited specimens of pyosalpinx from two patients, and afterwards remarked that Tait and Keith have ended the dark period by showing us how to operate on the abdomen and pelvis without fear and with little risk. The wonderful advance in pelvic and abdominal surgery should be placed to their credit. He believes that it is now universally admitted that they have reached the very acme of perfection. One surely must be a convert to Tait's law to contend with the great difficulties in pelvic surgery: "Then in every case of disease in the abdomen or pelvis, in which the health is destroyed or life threatened, and in which the condition is not evidently due to malignant disease, an exploration of the cavity should be made." Standard works on ovariotomy dwell at great length on the subject of adhesions as the most important and difficult complications with which the operator has to contend. In short, in pelvic operations the risk and the difficulty will ever lie in the separation of organized inflammatory products. Adhesions, when old, between the pelvic viscera and diseased tubes, become degenerate, and hence easily ruptured. In one case only did strong adhesions, deep in the pelvis, stay my hand. The right tube and ovary adhered strongly to the sac and right side of the uterus, and the whole adherent mass was absolutely inseparable. Again, the rupture of pus tubes or cysts filled with inflammatory, septic or malignant elements, will be followed by serious symptoms. Operation becomes difficult when the ovaries and tubes, tightly distended with pus, and softened through pathological changes, cheesy in consistence, are matted together with the rectum and small intestines.

Uterine Applicator and Dressing-Forceps Combined,

exhibited by Dr. Charles Hermon Thomas. This instrument, which is specially adapted

to making applications within the cavities of the neck and body of the uterus, but which is also available for making dressings and applications to the vagina and external surface of the cervix, has borne the test of two years' use. It is in forceps form, the blades are strong and resistent from the handles forward about two-thirds of their length, when they narrow rapidly, so that taken together they become about equal in size to the ordinary uterine sound. This narrow portion, somewhat suggestive of the long beak of the angular ear forceps, is abont three snd a half inches in length, the tips being roughened on

their opposed surfaces. It holds securely the smallest pledget of cotton, and by reason of the springy character of the beak will permit the locking of the handles when a full-sized pledget or tampon is placed within its grasp. The point is slightly probed as an extra precaution when introduced to the uterine fundus, though a small cotton ball answers all needful purposes as a protective tip. I have usually employed the plain point on account of its occupying less space at the internal os uteri. The beak is curved to a shape corresponding very closely to that of Ellinger's dilator, which has been found so generally well adapted to entering the uterus. This portion is electro-plated with gold, when so ordered, (a proceeding of moderate cost and to be commended), as a protective against the corrosive action of iodine, iodized phenol and the like which so rapidly destroy nickel-plating and corrode polished steel surfaces. The instrument was made under my directions by J. H. Gemrig & Son of this city.

Some practical points of use may be mentioned. Soiled or medicated cotton is easily removed with the use of one hand only, by simply unlocking the handles and wiping the point in a crumpled paper, thus leaving the other hand free for other employment and avoiding the trouble, the soiling of the fingers and the whittling often involved when the wire applicator is used. In its use there is immunity from the rasp action of the closely wrapped cotton of the wire applicator, and also a greatly increased carrying capacity of the cotton for medicated liquids. Moreover, it will be found convenient and desirable to make use of the instrument as a uterine sound incidentally in certain instances. In my own experience it has proved practicable as an applicator, one fully meeting the needs of most cases; while as a uterine dressing forceps for general use it has been found so satisfactory as to have superseded all other instruments of this class.

Dr. Baer said the instrument presented by Dr. Thomas is a very ingenious one, and will doubtless serve a good purpose where the cervical canal is patulous. A greater quantity of the medicating agent used can be carried to the diseased surface, than when the tightly wrapped cotton is used.

Dr. J. F. Wilson has nothing to add to what Dr. Thomas has said. He has used one for several months and can agree with Dr. Thomas as to the ease of application and removal of soiled cotton.

Dr. Parish said that the forceps was valuable and would be much used. As an applicator it will be very convenient. A few years ago the sound and applications were too much used, but extremes either way are wrong. Applications to the endometrium are sometimes needed.

Dr. H. A. Kelly said this is a very valuable instrument.

Dr. Joseph Price exhibited a

Forceps

for the complete closure of the trocar puncture in ovariotomy.

Dr. Parish exhibited a specimen of

Ovarian Tumor

removed the previous day. The symptoms had been very peculiar and the form of the abdomen was misleading, there being a deep groove across the hypogastric portion of the tumor. Numerous adhesions gave great fixity. These adhesions embraced the colon, parietes, and bladder, and were old and dense. Its rapid growth had raised a question of malignancy. A great portion of the tumor was solid.

Dr. Harris remarked that a microscopic examination of the tumor should be made. There had been great difficulty in diagnosis,

as to the origin and character of the tumor. A slight fluctuation could be detected in the lower portion under the use of an anesthetic. There had been no uterine symptoms, and menstruation had been regular. The long Fallopian tube crossed the tumor and made a deep constriction across its middle.

Dr. Baer did not think rapid growth a proof of malignancy. He had seen five or six cases of very rapid development, one in three months contained a bucketful of fluid. In none of these cases has there been any return or other sign of malignancy. The presence of papillomatous growths within the cyst is no proof of malignancy.

W. H. H. Githens, Sec'y.

CORRESPONDENCE.

NEW YORK LETTER.

New York, April 1, 1886.

Editors Review: No medical letter can be written now from this city without a tone of sadness. Your readers have all heard of the death of Dr. Austin Flint, who in learning, skill and influence as a practitioner, was the Nestor in our ranks. Despite the sharp division, which took place in the profession some years ago, over the "code" question, no one questioned the motives of Dr. Flint in abiding by the "old" party and becoming its leader. In no wise was respect or veneration for him abated. He had just finished examining the graduating class at Bellevue on the day of his death. His often expressed wish was granted, that the end should come to him quickly. We have no one left to take his place.

Dr. William Osler, of the University of Pennsylvania, has recently delivered the fifth course of Cartwright lectures before the College of Physicians and Surgeons on "The Third Corpuscle" of the blood, the so-called "corpuscle of Hayem." He prefers to use the title suggested by Kemp and Martin and call these new bodies blood plates or blood plaques. They are colorless protoplasmic discs measuring from 1.5 to 3.5 mmm. in diameter. The ratio to red corpuscles is about 1 to 18 or 20. They may be seen as small grayish masses, with, in some cases, projections of fibrin filaments. The masses are due to the "conglutination" of plaques. The latter are best studied by the use of Pacini's fluid or a one per cent solution of osmic acid, allowing a drop of the latter to mingle on a slide with a drop of blood from a finger prick. In the blood of a patient suffering from any of the malignant fevers, the plaques may remain isolated and not cohere. They may under some circumstances become crenated. This change is believed to be in its nature physical, and not ameboid. They are more numerous in a diseased organism and specially abundant in the diseases presenting a cachectic appearance—eg. cancer, and pulmonary phthisis in its stages. Hayem estimated their average number under normal conditions to be from 250,000 to 300,000 per cubic millimeter, and in the blood of diseased persons, and as well that of the newly born, the number may mount up to half a million.

It is believed that this blood plaque performs an important function in coagulation. As to its exact relation to this process, our knowledge is purely speculative.

At the last meeting of the Pathological Society, Dr. Prudden presented, on behalf of a candidate, a specimen of intussusception. The patient first complained of abdominal pain in the right iliac region from which he recovered. Later, pain returned with tympanites, and there was made out a small abdominal tumor, resembling a kidney in size and consistency, and situated just below and to the left side of the umbilicus. Later also this disappeared, as did also the pain. Three days before death, the patient was seized with a dysenteric diarrhea, tympanites and vomiting, with intense pain, and died without a positive diagnosis having been made out. The autopsy revealed the ileo-cecal valve just inside the anus. There was an upward invagination of the large intestine so that the ileum lay between four layers of the colon.

Dr. Prudden also presented a specimen of aneurism of the heart. The patient was a German, male, æt. 55, fireman. Two days before admission to Hospital had been attacked with aphasia and right hemiplegia. On admission T. normal; paralysis of right side of face and partial paralysis on both sides of body below; articulation thick; mirror writing. Urine 1026, albumen 15 per cent. At heart apex was heard an irregular double friction murmur. The beat was diffused and apex displaced. Over both chests behind, were flatness and subcrepitant râles. Next day there were four evacuations, heart sounds indistinct. Death.

Autopsy. Brain. edema of meninges, atheroma of arteries at base. No clots or emboli. In each pleural cavity there were 600 c. c. clear serum; old peritoneal adhesions; the heart showed a dilatation of all cavities and a hypertrophy of both ventricles, the wall of the left being somewhat fatty. On the lower aspect of the front wall of the left ventricle toward the septum there was a forward bulging of the heart wall which at this point was very thin. There was chronic arteritis and myocarditis, the former change affecting also the coronary arteries.

Dr. Waldstein presented several specimens of intestinal lesions. The most interesting was a specimen from a patient who had died from collapse, due evidently to the rupture of some abdominal viscus. There was found to be a tumor, the size of a large fist, attached to the jejunum between the two folds of the mesentery. Microscopic examination showed it to be composed of dense fibrous tissue.

Dr. Charles A. Powers has recently been appointed Surgeon to the Out-Patient department of Chambers St. Hospital. Dr. Powers is a graduate of this institution, and at the conclusion of his service as House Surgeon received especial commendation from the Governors of the institution for the successful management of its affairs during his administration.

J. E. N.

A PECULIAR CASE.

RUSSELL, KAN., April, 1886.

Editors Review: In May last I was called to see Mrs. J., æt. 24. I arrived at the house at 9 o'clock A. M., on Thursday. The husband informed me that at one o'clock his wife awoke him by her struggles during a "fit," and that she had three before I arrived. On inquiry I found that she was eight months pregnant.

She was unable to swallow anything, owing to the swollen condition of the tongue. Upon examination I was unable to determine whether labor had set in or not, the os being almost beyond reach, and flabby. At 11 o'clock and at 1 P. M. she had a convulsion. In the meantime I had used chloroform and revulsives freely. I then sent for Dr. Haise to see her with me. We were unable to detect any sign of labor at that time or the next morning. The convulsions did not return, but the mind failed to improve any. Dr. Haise thought it best for one of us to remain with her, so I stayed until next morning (Saturday). There being no sign of labor, I returned home, leaving her resting easy, but very little improved in the mind. At 12 o'clock noon I received a telegram to come immediately. Within an hour I was at the house, and found I had an arm presentation, and the child jammed into the pelvic cavity. I placed my patient under chloroform and proceeded to attempt delivery by turning. I worked an hour faithfully, but was unable to render any assistance whatever. I gave up in despair. The case looked so unfavorable, that I was afraid she would die under the chloroform.

Now, here is, to me, the unheard of termination. She rallied in a few minutes, and awoke in her right mind, as bright as a new dollar. I gave her a full dose of morphia, as soon as she came to, to quiet the nervous system. The patient took part in the conversation going on in the room, and appeared to be as well as ever she was. In thirty minutes after I gave her the morphia I made an examination to see what had become of the arm, when, to my surprise and joy, I found the child born. The patient had made no movement that indicated pain after she came to, nor was she aware the child was born.

Now tell me what completed the labor so silently? Was it the effects of the chloroform, the morphia, or both combined?

The lady made a good recovery and was around the house in less than a week.

Respectfully,

J. W. LONG.

INTUBATION OF THE LARYNX.

CLINTON MO., March 28, 1886.

Editors Review: By reference to *Courier of Medicine*, February 1886, and other medical journals, you will notice that the credit of originating the plan of treating croup by intubation of the larynx has been given to Dr. O'Dwyer of New York. On page 338, vol. ii Gibson's Surgery, published 1825, mention is made of this procedure as practiced by Desault.

Trousseau also gives Desault credit for suggesting the plan of "tubage de la glotte", and reports to the Academy of Medicine, Paris, seven cases in which intubation was practiced by M. Bauchut. Five terminated fatally, and the two which recovered were saved by tracheotomy.

Respectfully, G. W. HOLCOMB.

RAILROAD RATES TO THE AMERICAN MEDICAL ASSOCIATION.

Arrangements have been made with all of the principal railroads between the Atlantic coast and Missouri river, to give delegates to the meeting, St. Louis Missouri, from the 4th to 7th of May next, who pay full fare coming, return tickets at one third. As yet the Commissioner of the Baltimore and Ohio and the Southern Passenger Agent Association are not heard from. There is, however, no doubt that some arrangements, as above, will be made with them. In the next number of this Journal you will be fully advised of the arrangement made with the various railroads. Delegates may come at any time they may wish before the meeting of the Association, and will be allowed five days after the meeting before they will be required to commence their return trip. When purchasing your tickets, get certificates from the railroad agent at the starting point, showing the amount paid,

the initials of road over which ticket reads, and office stamp when sold.

R. M. JORDAN, M. D.
Chairman of Transportation Committee,
St. Louis, Mo.

[In handing us this statement, the chairman of the transportation committee asked that it be understood that he is not responsible for the very poor arrangements so far made—and that the matter was only placed in his hands a few days ago.—He says that had the proper course been taken a much longer extension of time would have been granted—also, that the present announcement—what there is of it—is too late for many of the widely circulated monthly journals.

On behalf of our readers and for his own sake we ask Dr. Jordan to give a full explanation next week.]

ITEMS.

"A chiel's amang you takin' notes,
And, faith, he'll prent 'em."

DELEGATES TO THE STATE MEDICAL ASSOCIATION, ATTENTION!

The Association will meet at St. Louis on the *third day of May* proximo.

The rates of fare on the several railroads will be the same as for delegates to the National Medical Association, which meets at the same place on the following day. Delegates should ask the ticket agent for convention receipt at the time they purchase their ticket to St. Louis, and this receipt, when countersigned by the Secretary of the Convention, will be honored for ticket to return at one-third rate at ticket office, 102 N. 4th street, for the Missouri Pacific Railway, St. Louis, Iron Mountain & Southern Railway, St. Louis, Fort Scott & Wichita Railway, Missouri, Kansas & Texas Railway, International & Great Northern Railway, Central Branch Union Pacific Railway

It is confidently expected that similar arrangements will be made with the other roads of the State.

C. H. HUGHES, M. D.,
Chairman Reception Committee.

—It was rather hard the other night on the members of the St. Louis Medical Society, who were earnestly urging action in preparing for the American Medical Association, to have the venerable president say: "We have had the wind-work; now let us have the solid." The "solid" didn't materialize, however, although one of the aforesaid members offered to quadruple his contribution if the others would do the same. It is well it was not some luckless medical journal that characterized the proceedings as wind-work.

—The REVIEW is not directly in the biographical business, but if the stock in trade keep up it can, as in the last issue, "make a few remarks" from time to time.

The biography of a dead man is all right, but the biography or autobiography of the average living man will make a dead man out of him, or ought to. The readers of the REVIEW will be informed when "new medical discoveries" in the biographical line are made.

—How to Open the Bowels.—We see from time to time different remedial agents recommended for this purpose, but where have we seen any published reference to the response given by a facetious doctor of our acquaintance, when asked by a patient for a cathartic. He took from his purse a car-ticket, and handing it to the victim of constipation, remarked—this will serve the purpose, as it has printed upon its face "good for one passage."

—Our editor on Medical Jurisprudence speaks of the "sick-room as a court room, in which the physician is judge, clerk, sheriff and jury." Yes, we grant that the sick-room is a court of "peculiar jurisdiction," and that the doctor is a sort of a professional *Pooh Bah*, a species of "E pluribus unum," or "multum in parvo." But one thing we feel sure of, and that is, that in this court room he never acts as crier—his victim usually serves in that capacity.

—The following extract of a Constantinople letter in the *Peoria Medical Monthly*, is rather an extreme example of over-confidence in a physician's abilities: "A little Irish doctor, in Constantinople, told me, with wrath in his breath, of a case which he had attended, where, from looking at the patient, he seemed to have a fever and be suffering great pain. The usual remedies failing to give relief, a closer examination showed that the sick man was chary of moving his left leg. This, being uncovered, proved to be broken and mangled and horribly swollen, The doctor's indignant question, why they had not told him this at first, elicited the contemptuous answer that they had supposed he knew his business, and thought, of course, he had been treating the patient for the trouble from the first. And before he could throw up the case and gracefully retire, they discharged him for incompetency."—*National Druggist.*

"The little Irish doctor" made a grievous mistake and the friends of the patient did well to discharge him promptly. The error, like ninety per cent of those made by physicians, was from neglect, rather than ignorance. The latter may, possibly, sometimes be excusable, but the former, never.

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REPORTS ON PROGRESS.

REPORT ON GENERAL MEDICINE.

BY ROBT. M. KING, A. M., M. D.

I. THE DIAGNOSIS AND TREATMENT OF THE DISEASES OF THE STOMACH.

II. SALICYLATE OF LITHIA IN RHEUMATISM.

III. TRIGEMINUS COUGH.

IV. PARALDEHYDE AS AN ANTIDOTE TO STRYCHNINE.

V. ARE ANTIPYRETICS IN THE ACUTE DISEASES USEFUL AND SAFE.

VI. ON THE TREATMENT OF ANEURISM WITH IODIDE OF POTASSIUM.

VII. THE USE OF NITRO-GLYCERINE IN DIFFERENT FORMS OF NEPHRITIS.

THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE STOMACH.

In a former report we gave an abstract from Prof. Ewald and Dr. Boas's article on the physiology and pathology of digestion, and mentioned that the authors were still engaged in their investigations, the further results of which they promised to make known at an early date, particularly those relating to the diagnosis and treatment of gastric complaints. These were embodied in a paper read by Professor Ewald before the Berlin Medical Society, January 6, 1886 ("Berl. klin. Woch.," Nos. 3 and 4, 1886.) In diagnosticating diseases of the stomach, Ewald considers it essential to examine the stomach contents. His method of carrying this out is as follows: The patient is allowed for his breakfast two small French rolls and a cup of tea, without milk or sugar. An hour afterward the contents of the stomach are withdrawn by introducing into the stomach a simple rubber tube of sufficient length to project four to five inches beyond the mouth. The contents usually flow out by simple lowering the external end of the rubber tube; should this not occur, however, mere pressure upon the abdomen, while the patient is told to take in a few deep breaths, nearly always succeeds in emptying the stomach. The author looks upon the introduction of the tube as an easy matter, which is not attended with any more inconvenience to the patient than the employment of the laryngeal mirror. In every case, however, he first auscultates the heart to ascertain if an aneurism of the aorta exists, having in view the case reported by Frerichs, in which the passage of an esophageal sound produced rupture of an aortic aneurism. From the examination of several healthy individuals, who might be counted by hundreds, the following results may be said to be established: That, after partaking of the above-mentioned diet, the digestive act is divided into three stages; the first (occupying thirty minutes), in which lactic acid is present; the second (thirty to sixty minutes), in which lactic and hydrochloric acids are present; the third (sixty to ninety minutes), in which hydrochloric acid alone is present. But, when a pathological condition of the stomach exists, these stages occupy a longer time, so that an hour after the food is taken lactic acid is still to be found. The results of the chemical examination of the stomach contents are given in tabular form, of seven cases of carcinoma, five of ulcer, five of dilatation, eighteen of chronic catarrh (a), nine of chronic catarrh (b), fourteen of neuropathic dyspepsia (a), and six of neuropathic dyspepsia (a). Not one of the cases of cancer was attended with swelling of the glands, nor could a tumor be made out, so that the diagnosis of cancer had to be based

on the chemical examination of the stomach contents, together with the other recognized symptoms of carcinoma, such as age, cachexia, etc. In all these cases, with only one exception, hydrochloric acid was absent and in all lactic acid was found in abundance. The author does not attach too much importance to the absence of hydrochloric acid, but thinks it serves as a valuable aid in diagnosis. In a suspicious case we should not rest satisfied with one examination; several should be made before arriving at a decision. An instructive case is related in which all the symptoms of carcinoma obtained, but in which a chemical examination of the stomach contents showed the presence of hydrochloric acid. The patient was cured in four months under suitable treatment. For the differential diagnosis of ulcer of the stomach a chemical examination is not of so much value, for the gastric secretion may be quite normal in the presence of a small ulcer. In the third group, that of gastric dilatation, the chemical examination was negative. Here the deficiency lies in the motor apparatus, while the secretory functions may be quite normal. The diagnosis of this affection is not an easy one. The normal size of the stomach varies, within great limits, in different persons, and the size of the organ bears no proportion to the size of the individual. These statements were based on the measurements of the stomach in a great number of bodies in the post-mortem room. An illustration is given of a classical case that presented all the symptoms of dilatation, and in which, at the autopsy, was found a small contracted stomach with a cancerous growth at the pylorus. The treatment which the author recommends in these cases consists of a dry diet, with the allowance of as little fluid as possible and the application of electricity. The latter, to be effectual, must be applied by passing one electrode within the stomach. The cases of chronic catarrh (a) are those in which the continuance of lactic acid extended beyond its normal stages, and the appearance of the hydrochloric acid was delayed. In the second group, that of chronic catarrh (b), the cause of the indigestion must be sought in the inefficiency of the motor apparatus and, perhaps, in the absorption powers of the stomach. The administration of hydrochloric acid in these cases, to be of any service, must be after meals in greater quantities than it hitherto has been given. The author recommends three fifteen drop doses of the acid at intervals of fifteen minutes. Or the same quantity of the acid may be given in pill form, each containing three drops. Very little is said of neuropathic dyspepsia. Two forms are recognized in which the chemical changes present the same features as in the two catarrhal forms. An interesting case is reported in which the diagnosis of neuropathic dyspepsia had been made, but close examination showed the disturbances of digestion to be due to a movable kidney. The patient experienced marked improvement by rest in bed, and a more liberal diet than she had been previously given. In conclusion, the author holds up the following benefits from his investigations: (1) A deeper insight into the chemical changes of digestion, and, in consequence of that, a more accurate basis for diagnosis and therapeutics of diseases of the stomach; (2) the possibility of watching the results of treatment and regulating it as may be found necessary.—*New York Medical Journal.*

Salicylate of Lithia in Rheumatism.

In a paper read before the Academy of Medicine, of Paris, on December 8, 1885, M. Vulpian gave the results of a number of experiments with salicylate of lithia, which he had found to be of great service in the treatment of all the forms of rheumatism. He said it was a mistake to suppose that the salts of lithia possessed any remarkable toxic properties; they were no more so than the corresponding salts of other bases, and the salicylate could be given in nearly as large doses as the salicylate of soda. In cases of acute rheumatism, joint pains, sometimes of very severe character, often persist for a long time after the swelling of the articulations has subsided. Salicylate of soda as well as tincture of colchicum have but little effect in quieting

these pains, but salicylate of lithia, M. Vulpian said, causes their rapid disappearance. The drug acts especially well in those cases in which the fibrous tissues are affected. In the subacute and chronic forms also salicylate of lithia acts more promptly than the sodium salt. The drug should be given in doses aggregating one dram per diem, but when more than seventy-five grains a day are given, toxic symptoms are apt to be produced. It causes headache and deafness, but never the whistling and ringing sounds in the ears, which cause such extreme annoyance to the patient. Sometimes also, though rarely, intestinal colic and diarrhea result. But all these unpleasant symptoms disappear quickly after the discontinuance of the remedy.—*Medical Record.*

[We have quite recently given salicylate of lithia a trial in several rheumatic cases, and have been pleased wtth its action. In one case of muscular rheumatism, attended by considerable pain and febrile action, it gave immediate relief to all the symptoms in about forty-eight hours. The dose given was five grains every two hours, until about sixty grains were consumed. It was given for several days in succession until headache and deafness resulted. Dr. I. N. Love, of this city, informs us that he has given the drug a fair trial for six months past in rheumatism and neurotic troubles, and has had satisfactory results from its use].

Trigeminus Cough.

Dr. von Wiele, of Berlin, describes a form of cough that, without engendering visible disease of the larynx, trachea, or lungs, attacks persons who have been subjected to changes of cold and warm air, or exposed to sharp odors.

1. The trigeminus variety presents by far the most interesting pathological entity yet observed among diseases of which cough is a symptom.

2. It is a nasal reflex neurosis, and the pathological metamorphosis of the act of sneezing.

3. This neurosis may exist with or without anatomical changes in the nasal cavities.

4. The greatest exaltation of this state is presented by asthma nervosum.

5. The irritation leading to the explosion of the cough may proceed from any branch of the spheno-palatine ganglion, except the ethmoid nerve.

6. The best method of treatment is by electrization of the nasal nerves by means of a weak induction current. In light cases nasal vapor-douches and iodide of potassium internally are usually effective. Iodide of potassium as snuff is also useful.—*The Amer Practitioner and News.*

Paraldehyde as an Antidote to Strychnine.

In the *American Practitioner and News* an allusion is made to the use of paraldehyde as an antidote to strychnine, based upon the fact that it "reduces in a marked degree the activity of the spinal cord as a reflex [illegible]r." This fact led Dr. Bokai to make experiments on frogs, rabbits, and dogs, with a view of testing the drug as to its antidotal properties in this direction. Dr. B., in these experiments, chose certain animals and then gave to two of them "the fatal dose of paraldehyde, and at the same time a positively fatal dose of strychnine. The result was that none of these animals died, although some of them received ten times the dose of strychnine usually considered fatal."

The writer says that "in the frogs, reflex activity did not return, but the rabbits and dogs which are more sensitive to the action of strychnine, showed irritability in a more exalted degree; knocking or shaking the table on which they were placed would cause them to fall into tetanus; but no convulsions occurred spontaneously, and the spasms were much milder than those which commonly follow simple strychnine intoxication. After some hours the irritability disappeared, and the animals were again fresh and lively. If poisonous doses of paraldehyde were given, the strychnine did not prevent the fatal action of this drug. The antagonism, as in the case of strychnine and chloral hydrate seems to be one sided." It is also stated that in

nineteen cases of strychnine poisoning in men, collected by Hausman, the effects were felt in fifteen minutes after the drug was taken. The hypnotic action of paraldehyde is apparent in about five or six minutes, so that several minutes remain after a poisonous dose of strychnine has been taken, for procuring and giving paraldehyde. Paraldehyde is probably of about the same value as chloral and chloroform, but safer in that it doesn't tend to paralyze the heart."

[These experiments, as recorded by Bokai and Hausman, if further verified by others, will go far to place this drug superior to all others as an antidote in strychnine poisoning. The assurance that it is "safer in that it doesn't tend to paralyze the heart" will put it upon a higher plane of confidence than either chloral or chloroform.]

Are Antipyretics in the Treatment of Acute Diseases Useful and Safe?

A. A. Smith, M. D., of New York, writes: An interest has been specially wakened in the use of antipyretics in the treatment of acute, and even some chronic, diseases during the past few years. The reduction of temperature has been for many years occupying the attention of physicians, but special attention has been aroused since the publication of the German observers, in the last fifteen or twenty years, in reference to the use of cold in the reduction of temperature. Following this new interest in the subject, new antipyretics have sprung up, and have had many advocates and not a few opponents. At one time quinine had its advocates, and warm ones, too, in the reduction of temperature. With quinine, and the application of cold in its various forms, it was thought possible to so lower the mortality from typhoid fever, and prevent the complications and sequels, as to put in the shade all former plans of treatment, and practically to make it one of the most benign of diseases. This feeling extended to American physicians, and the cold-bath treatment received the sanction of eminent teachers and practitioners. This was but following the teaching of Brand. In 1851, in his first publication, he says: "If typhoid fever is treated from the commencement by cold water, there is in general nothing to fear, and, even in cases the most grave, one may yet many times obtain cure by cold water."

Hear him again in 1863: "Every case of typhoid fever treated regularly according to my method takes on a light character, and almost never terminates in death, so that in fact we may say that clinical medicine is in condition to preserve with certainty the lives of all patients entrusted to its care."

And again in 1868: "The treatment by cold baths, methodically employed from the commencement, gives a success positively assured, and always enables one to ward off death."

A French physician of Lyons has summed up Brand's words in these words: "Every case of typhoid fever, treated regularly from the commencement by cold water, will be exempt from complications, and will get well."

When Liebermeister added his name and statistics to those of Brand, it seemed but natural that the medical world should be captured by this plan of treatment. Very quickly the cold bath came into use in this country, following the Germans, as we were formerly in the habit of doing much more than now, and much more than we shall probably ever do again, at least in the way of treatment. What is the result? The plan has been tried, and I venture the statement that today not one quarter of those who were formerly its ardent advocates use it to any great extent. This is not due to the fact that other agents have taken its place, though I must admit this may be true to a certain extent. It is due, it seems to me, to the fact that the treatment as formerly advocated and used was under certain circumstances attended with danger. The application of cold, especially in the form of the cold bath, is an agent which requires great care and good judgment in its use. If properly used, and in properly selected cases, it seems to me to be an agent capable of doing much good. If used indiscriminately, simply because the thermometer indicates a high temperature, and without re-

gard to all the accompanying circumstances, it may not only do harm, but may be responsible for a fatal termination.

A high temperature simply does not constitute all the danger from a given disease. One patient will tolerate for a long time, and even quite comfortably, a temperature which in another would be accompanied by a train of morbid symptoms in themselves indicating danger. And yet, according to the advocates of the cold-bath treatment, both patients must be treated in exactly the same way. Both must have the temperature reduced by the bath to a certain point regardless of the other effects produced. It has not been proven that high temperature is responsible for the changes which occur in some of the viscera and are found in them after death. It is much more likely these changes are due to the particular poison which produces the fever. In order to determine the usefulness and safety of cold baths in hyperpyrexia from any cause, many things are to be taken into consideration, and this remark may apply to all antipyretics. If a high temperature can be reduced safely, it is fair to presume it is useful. We must consider the general condition of the patient, the stage of the fever, the effects of the first few baths—especially the effects on the nervous system—and the effects on the cardio-vascular system.

If, after the patient is placed in the bath, and the temperature is reduced to, say, 101° F., and then placed in bed, he becomes more quiet, and less delirious (if he has had delirium); if he breathes more easily and less rapidly; if his heart's action becomes more regular and forcible, and the intensity of the first sound is increased; if he falls asleep, and the skin feels moist, he certainly is receiving benefit from the bath. If, however, the extremities remain cold for some time after the bath; if the lips are blue, and the countenance has a deathly hue; if the heart's action is more feeble, and the pulse more irregular, the respiration more rapid and sighing, then, it seems to me, the baths should be discontinued. The stage of the disease at which they would be contra-indicated is an important matter. Taking typhoid fever as a type of the long-continued fevers, I should say, in a general way, that the baths are contra-indicated after the tenth or twelfth day; and taking pneumonia as the type of short-duration fevers, they are contra-indicated after the third or fourth day, in each case depending somewhat on the condition of the patient. Fever in advanced age contra-indicates them. They are contra-indicated in cases with heart enfeebled from organic disease. But the dangers I have referred to are not the only ones in connection with the cold baths. Congestion of the viscera may, in many instances, be attributed to the baths. I admit the great liability to error on this point, because in all continued fevers there is tendency to congestion of the viscera, more so in some than in others, and much more so in some seasons than in others.

It is rarely necessary to resort to the cold baths for the production of antipyresis. In very, very rare instances would I advocate the use of the cold bath. I believe all the good to be obtained from the bath can be obtained by milder and less objectionable methods. Cold sponging, wet pack, ice to the head, the cautious and short-time use of the cold coil, and the careful use of ice-water rectal injections, will, in the very large majority of instances, accomplish all that the bath does in the way of good, and are attended with the minimum degree of harm. The greatest benefit, it seems to me, in the cold applications, is not the reduction of temperature, but is due to the profound modification in the functions of the nervous system (especially the vaso-motor). It is not always agreeable to patients (if they have their senses sufficiently to recognize distinctions), to have cold applied. Especially is this so with children. But very few patients will object to the application of tepid water by means of sponging, or cloths, or the wet sheet. It has seemed to me I have succeeded in even reducing the temperature more decidedly by the tepid applications than by cold ones. Certainly, the effects on the nervous system are, as a rule, more beneficial, and these beneficial effects on the nervous system always affect

favorably the progress of the fever. Some observers have even gone so far as to assert that almost all the beneficial effects of baths, whether cold or warm, are due to the restoration of the functions of the vaso-motors in the cutaneous capillary network which are so profoundly disturbed in fevers. If this be true, then the tepid applications ought to influence the progress of the fever more favorably than cold ones.

But I have only touched one class of antipyretics, the refrigerants and the opposites.

Quinine in small doses increases the strength of the circulation; just how, we do not know, unless it be by its stimulating effect on the nervous system.

In large doses it diminishes the blood-pressure, by weakening the heart, and partly by paralyzing the vaso-motor center, thus causing dilatation of blood-vessels.

The heart's action is weakened by large doses of quinine, from its action on motor ganglia, and probably also on the muscular fibers of the heart itself. In a discussion before the New York Clinical Society, two years ago, I raised my protest against the large doses of quinine in certain stages of fevers, and in any case with cardiac enfeeblement, as being possibly dangerous, and need only refer to such possibility here. Then we have the salicylic compounds—salicylic acid, etc., and the aromatic series, as represented by kairin, resorcin, thallin, hydroquinone, etc. And the latest, a nondescript, antipyrin. It is an agent which thus far gives better results than any other. It will reduce temperature in almost every case. It has already, with many, entirely displaced cold and quinine. In some instances it produces nausea and even vomiting, and occasionally cardiac depression, but those unpleasant symptoms have been produced only by very large doses. During my early use of it I followed the plan suggested by the German observers, and gave it in large doses, thirty or forty grains every hour, until there was a decided fall of temperature. Now, I find it necessary only to give ten or fifteen grains, ordinarily, to reduce the temperature two or three degrees. On account of this tendency to nausea and sometimes vomiting, and occasionally cardiac depression, I soon fell into the habit of always giving a small quantity of alcoholic stimulant with each dose. Of late, I rarely ever see any unpleasant symptoms from its use. In children, I have observed sometimes a marked paleness soon after it began to produce its effects, but even in such cases a small quantity of stimulant quickly overcomes this unpleasant symptom. It can be given by the rectum, and by hypodermic injection. The objection to its use by hypodermic injection is that it gives much pain. I have used it in a large variety of cases, and consider it by far the most useful and the safest antipyretic yet discovered, if used in not too large doses, and if in connection with its use cardiac stimulants be given when there is any suspicion of cardiac enfeeblement. Whether it favors the tendency to visceral congestions remains to be proved. It seems certain that any antipyretic used to the point of producing great variations in temperature might produce unfavorable symptoms, visceral engorgements among the rest. If we would always resist the temptation to cause too great a fall of temperature, even though it be high, it seems to me we would be more likely to produce good effects and less likely to do harm.—*Medical Record.*

[The views as outlined by Dr. Smith in this article are extremely conservative and wisely practical. If to-day the tendency of medical thought was less in the direction of theory, and more in favor of practical common sense in the treatment of disease, the mortality rate would be greatly lessened and human life not only prolonged but made happier. Too much reliance on strictly scientific methods and self-asserted dogmas, serve to mystify rather than to elucidate those simple, practical ideas and measures necessary in the evolution and cure of disease. In nothing has the disposition to accept the mere skeleton of a theory versus facts, been more strikingly manifested than the present craze in Europe and America, for antipyretic remedies. Dr. Smith has certainly sounded

the key-note, when he asserts that a "high temperature does not constitute all the danger in a given disease." In support of this truism we can safely declare that no single antipyretic remedy, or all of them combined, including the cold bath, is absolutely essential or imperatively demanded in every disease giving rise to a high degree of heat.

Take scarlet fever as an illustration, when the temperature registers 105° and 106° F. for days successively, and adopt a vigorous system of antipyretic remedies in each and every case, and then watch the results. Yet, every wise and observant physician will see the time even in scarlet fever, when a cold bath, or judicious antipyretic agents, can be safely employed and good result. Fothergill happily says "that a sound physiology must be the basis of a sound practice," and what physician does not recognize the fact, that to remove the cause is far wiser than to treat a symptom? Is it not better to treat the typhoid lesion, than simply, by antipyretic remedies, to reduce the heat?

The first attacks the enemy in his stronghold and grapples with him, while the latter is a mere feint, a skirmish along the picket-line that often results in disaster and defeat.]

On the Treatment of Aneurism with Iodide of Potassium.

Dr. Burney Yeo, in a paper on Clinical Therapeutics, says that "one of the most remarkable gains in the therapeutics of disease in recent years has been the employment of large doses of iodide of potassium in the treatment of internal aneurisms." With Dr. Yeo's permission, I wish to substitute "sufficient" for "large." Large doses are not necessary, and are sometimes injurious—at least if by large we mean doses over twenty grains. Nowadays, I believe, we have a perfectly trustworthy means of ascertaining when we are administering a dose which is sufficient. As soon as it was found to be probable that the iodide of potassium owed its curative virtues in aneurism to its power of lowering the blood-tension, it also became evident that failures which were generally accompanied by an unduly quickened cardiac action were most likely dependent on too great a lowering of the blood pressure; because this would not only account for the excited action of the heart, which had an unfavorable influence on the aneurism, but would also permit the blood to flow away too rapidly to provide for the due nutrition of the tissues. But the cure of an aneurism depends upon the hypertrophy of its coats, which can not be effected without a certain amount of blood pressure, neither can it occur if the blood-pressure remain at the normal, for all experience teaches us that the effect is then one of gradual though slow dilatation, with pressure corrosion of all the surrounding tissues. Hit the happy mean, and the effect is that the arterial coats behave like a hollow muscle, which hypertrophies when opposed to obstacles with which it is unable successfully to cope. To hit this happy mean, and ascertain the proper dose, the patient is put to bed without any other treatment, and his pulse-rate ascertained night and morning for a few days. So soon as his average pulse rate in recumbency is ascertained, he is put upon ten-grain doses of iodide of potassium every eight hours. If the pulse-rate remains unchanged the dose is increased to fifteen grains every eight hours, and every week an increase of five grains each dose is made till the pulse-rate begins to rise. In this way it has been ascertained that fifteen grains to a dose is seldom able to be exceeded, while it has often happened that ten grains has been found to be the most advantageous quantity. It is quite easy thus to find out what is a sufficient dose, and this has more than one advantage. With too small a dose we can do no good; with too large a one we do harm; we certainly delay the cure, and we may prevent it altogether. With a proper dose three months is generally sufficient to establish a marked improvement, instead of six months, the usual time before accurate doses were resorted to. Now, also, we may say that the amount of relief obtainable from treatment in aneurism is largely due to the period when the case comes under

observation. If it is diagnosed early, before there is much destruction of the arterial coats and surrounding structures, the cure is often practically complete. If the case is not seen till far advanced, then relief is all we can aspire to, but the relief to symptoms is often very great and remarkable, and it increases year by year.—*Dr. George W. Balfour, in London Lancet.*

[Dr. Yeo's testimony as to the value of iodide of potash in the cure of aneurism, supported as it is, by Dr. Balfour's experience, is but the confirmation of the opinions first expressed by Chuckerbutty of Calcutta. The question naturally arises, is the experience of these gentlemen based upon clinical data alone, or direct experimentation in the human subject? If the former, the evidence is purely fictitious and establishes nothing, but if the latter, or both, then the remedy has decided merit. Does it possess distinct specificity, or may not the positive evidence given as to its value be due to some syphilitic taint, either acquired or inherited by the individual treated. Is the claim, generally made and attested by eminent authority, that iodine is non-coagulating in its properties, a sufficient objection to its employment?]

The Use of Nitro-Glycerin in Different Forms of Nephritis.

Dr. F. P. Kinnicutt read a paper on this subject, in the first part of which he gave a description of nitro-glycerin, told what was known of its physiological effects, briefly referred to the influence which it had upon the heart and circulation, and then proceeded to consider its use in the treatment of nephritis. Regarding the physiological effects of the drug upon man, those generally observed from the administration of one to ten minims of a one per-cent alcoholic solution were, after the lapse of six or seven minutes, a feeling of intra-cranial fulness, ringing in the ears, sometimes vertigo, occasionally amblyopia, flushing of the face, lowered arterial tension, acceleration of the pulse, a sense of constriction in the throat, and moderate diaphoresis. A diuretic action had very generally been noticed by English and German observers, but some of the French writers had denied this. Afterwards there was a desire to sleep. The author then spoke of the use of nitro-glycerin in cases of grave disturbance of the nervous system included under the general term uremia. No single theory of the many which had been advanced seemed adequate to explain all these symptoms. But we could not overlook the fact of increased arterial tension, which was so constantly present; that normal or low blood-pressure and feeble cardiac action, not infrequently obtained at certain stages of both acute and chronic nephritis, were well recognized; but, in the experience of many careful observers, and certainly in his own, well-marked uremic symptoms were absent under these conditions. It was in the relief of persistent headache, uremic asthma, and convulsive symptoms in cases of nephritis that nitro-glycerin had given its most brilliant results. This action seemed to be analogous to that of blood-letting and certain other old methods which had in some cases been resorted to with benefit, and it was probably due to the bringing about of lowered arterial tension. The author had notes of cases in which the daily systematic use of nitro-glycerin had constantly controlled headache, prevented the return of convulsive attacks, and relieved dyspnea and asthma, in cases of nephritis. In some cases in which chloral or opium had been employed without avail, nitro-glycerin had been successful, while in others it had not.

In the treatment of acute symptoms he had found the following the most efficient method: The initial dose should not exceed one minim of a one per cent alcoholic solution, which represented one two-hundredth part of a grain or pure nitro-glycerin. If no unusual susceptibility was exhibited, two minims might be given at the expiration of half an hour, and repeated at intervals of an hour until relief was obtained or the inefficiency of the drug demonstrated. Two or three single doses of one one-hundredth of a grain might be given at intervals of a quarter of an hour in the presence of grave symptoms, and then at in-

tervals of half an hour to an hour. He preferred at first to administer the drug to the extent of producing slight physiological effects, such as flushing of the face, or a feeling of intra-cranial fulness, or constriction of the throat, thus testing its quality and the susceptibility of the patient.

He then quoted the observations made by Rossbach and other German physicians in the treatment of nephritis with nitro-glycerin, which were essentially similar to his own. He then gave brief histories of a number of cases so treated, and summarized the results as follows; 1. That in nitro-glycerin, given in small doses frequently repeated, we possessed a powerful agent for lowering increased blood-pressure, which was very commonly associated with uremic symptoms. 2. That its power to control or relieve many of the paroxysmal disturbances of the nervous system included under the general term uremia, headache, and asthma especially, was more marked than that of either opium or chloral. 3. That its action in parenchymatous and interstitial nephritis was to increase the amount of urine excreted, and to diminish the quantity of albumin. 4. That in nitro-glycerin we had the means of maintaining more or less continuously lowered blood-pressure, thus averting or relieving symptoms and prolonging life. Regarding the administration of nitro-glycerin in chronic nephritis, the strength of a single dose should be just within the limits of producing subjective symptoms, and this could be determined only by careful trial in individual cases. It was well from time to time to increase a single dose to the production of subjective symptoms to learn whether the system had not become tolerant from its long use, and, if found necessary, to increase the dose.—*New York Med. Jour.*

[The occasional success of certain therapeutical agents reported from time to time, does not carry weight as to their value, unless confirmed by repeated trials in the hands of closely observant and careful clinicians. If half is true that is claimed for nitro-glycerin in this particular disease, it will in future take high rank as a valuable remedy.

Nephritis has been the subject of earnest consideration and investigations for years past among medical men, and numerous remedies based upon certain pathological conditions, have been tried with varying success. Dr. Kinnicutt's paper read before the Academy of Medicine, of N. Y., in the light of past experience and present knowledge, records some interesting facts for medical men to meditate upon. First, that nitro-glycerin was more "marked in its effects" in the relief of headache and asthma, due to (possibly) an uremic state, and in paroxysmal nervous disturbances than opium or chloral. But Dr. Draper's experience is at variance with this statement, for he claims that nitro-glycerine often fails where opium succeeds, and that, too, in cases of advanced disease, where the function of the kidney is seriously impaired and the heart's action greatly enfeebled. Again, it is asserted that the action of nitro-glycerin in parenchymatous and interstitial nephritis, was to increase the amount of urine excreted and diminish the albumen, but the writer fails to say whether the remedy will as certainly influence and correct the diseased conditions or the epithelial coating of the Malpighian coils. Of course, we can readily understand that if the remedy in its physiological action does "maintain a continuously lowered blood pressure," that so long as that holds good a temporary relief is thus afforded to the diseased epithelial coating, but can it *per se* overcome that condition entirely? In effecting a "lowered blood pressure" it will lessen excessive symptoms,but does its efficacy extend beyond this and remove the cause that gives rise to the pathogenetic state? The advice as to how it should be administered strikes one as practical and well adapted to testing its remedial virtues. He urges in its administration that the "strength of a single dose should be just within the limits of producing subjective symptoms, and that this can only be done by careful trials in individual cases." The remedy has considerable diuretic properties and will be valuable in the

relief of arterial tension and excessive heart action.]

ORIGINAL ARTICLES.

DIAGNOSIS OF FIBRO-CYSTIC TUMOR OF THE UTERUS.—LAPAROTOMY AND SUPRA VAGINAL AMPUTATION OF THE UTERUS.

BY A. F. ERICH, M. D.

Read before the Baltimore Gynecological and Obstetrical Society, February 9, 1886.

Mrs. A. McN., American, æt. 40 years, widow, entered the Maryland Woman's Hospital, Dec. 15, 1885. Married when 19 years old, she has had no children or abortions. She menstruated first when 13 years old, generally every four weeks, sometimes the interval being but three weeks. Amount usually small, and the duration four to five days. She is very anemic. Five years ago she first noticed a hard tumor the size of a hen's egg in the lower portion of her abdomen; it grew rapidly during the first two years and a half, since then, more slowly. It varied in size, and had lately become somewhat smaller. Has had bloody discharges from her vagina lasting six weeks, and has at times gone as many weeks without any discharge. Has frequently suffered from pains resembling labor. Her health has been gradually growing worse ever since she first noticed the tumor. Has also been subject to attacks of nausea, vomiting and diarrhea. Physical examination revealed a tumor the shape of an enlarged uterus, extending from the pubes to a little above the umbilicus, movable and continuous with the cervix uteri. The depth of the uterus, as measured with the probe, was five inches. Temperature, pulse and respiration normal. The consistency of the tumor seeming rather softer than that of a fibroma, the aspirator needle was introduced and about a fluid-drachm of a colorless, serum-like fluid was obtained, which, upon microscopical examination (By Dr. Keirle), did not furnish any characteristic appearances that were calculated to assist in the diagnosis. The aspiration was not followed by any unpleasant effects. The diagnosis arrived at was, interstitial fibro-cystic tumor of the uterus, adopting the definition as given in Prof. Th. Billroth's "Handbuch der Frauenkrankheiten," Band I, Abschnitt, III, Seite 102, according to which, all fibroid tumors that contain collections of fluid within their stroma are fibro-cystic tumors. These include lymphangioma, myoma telangiektodes s. cavernosum (Virchow, Geschwulstlehre), and myxomyoma, of which latter Gusserow says, (page 103 of Billroth's work above quoted), that microscopically it would be difficult to distinguish this form from sarcoma. The great danger of supra-vaginal amputation of the uterus (the only radical cure of the case) being fully stated to the patient, she elected to take the risk, rather than to continue to lead the life she had been leading. The patient being extremely anemic, the palpebral conjunctiva being perfectly white, she was put upon a preparatory treatment, consisting principally of good food, iron and quinia, until, after the expiration six weeks she seemed to be strong enough to make a successful operation possible.

The operation was done February 1st under all the usual antiseptic precautions, and occupied three hours. The abdominal incision made in the linea alba, extending from an inch and a half above the pubes to the umbilicus, had to be extended to a little over an inch above the umbilicus before the enlarged uterus could be rolled out. Both ovaries, considerably enlarged, rolled out with it. Finding the diagnosis verified and no adhesions present, an Esmarch gum tube of the thickness of a little finger was tied firmly around the cervix, as low down as practicable, including a considerable portion of the broad ligaments. The greater portion of the uterus was then removed, taking care to leave enough of the cervix to prevent the gum tube from slipping. The broad ligaments were next secured by ligatures before they had time to slip from under the gum tube, which they are apt to do. As much of the cervix as could be safely removed was then trimmed out in the shape of a funnel, with thin edges. These edges were brought together antero-posteriorly, by, first, a row of deep sutures to prevent bleeding, and second, a row of superficial sutures to bring the edges of the peritoneum in good apposition. Being unwilling to trust a mass ligature around so thick and rigid a stump as the remnant of the cervix presented, much time was spent in arresting hemorrhage from the stump by the introduction of deep sutures. The rubber tube had to be loosened and tightened many times before all the bleeding points had been thus secured. The blood lost during the whole operation could not, however, have amounted to more than a few ounces. The vagina was then carefully washed out with the bichloride of mercury solution, an opening made at the lowest point in Douglas' cul-

de-sac, and a rubber drainage tube provided with a cross-bar, to prevent it from slipping out, and long enough to reach from this space to the vulva, inserted. The vagina was filled with salicylated cotton, and the external opening of the drainage tube covered with the same material in order to exclude the air. The abdominal incision was closed, in the now usual manner, deep and superficial silk sutures, and dressed antiseptically. Fully realizing the gravity of the operation, only such assistants as were absolutely necessary were admitted to the operating room, in order to make the risk from infection as small as possible. Prof. Rohe administered the ether, and Dr. Clark, the resident physician, the three house students, Messrs. Lindley, Wise and Robertson, with the matron, Mrs. Warner, all dressed in freshly washed linen, were all that were permitted to be present.

The subjoined pulse and temperature chart furnishes the subsequent history in a condensed form. Dr. Keirle's report of the necropsy gives as the cause of death, cardiac asthenia and thrombosis, and says that the heart was so flabby as to flatten out of shape when laid upon the table. His report also shows that there was no secondary hemorrhage, that the drainage had been efficient, and that septicemia had been prevented, as shown by the absence of decomposing fluid in the abdominal cavity, the temperature and pulse changes, and the fact that a firm clot of blood was found in the heart and pulmonary vessels, while after death from septicemia the blood is generally found of the consistency of tar. The manner of operating was that described by A. Martin in his "Pathologie und Therapie der Frauen–krankheiten," with such slight modifications as personal experience suggested, or were made necessary by the conditions under which the operation was done. Martin places a ligature around the cervical stump, to which, with my experience with a catgut tourniquet in cervix operations, I felt I had no right to trust the life of the patient. As I was not able to procure a drainage tube provided with a cross-bar as he describes, I was compelled to extemporize one by cutting a hole through a gum tube near its end, and then forming a cross-bar by splitting a small piece of the same tube and passing one of the pieces through the holes formed at the upper end of the drainage tube. This piece turned with its concave surface down wards gave an opening on each side of the tube immediately under the cross-bar. The opening in Douglas' cul-de-sac, for the passage of the tube, was made by pushing the point of the uterine dressing forceps with a boring motion, through the peritoneo-vaginal septum, from the vagina into Douglas' space, the fingers of the left hand being used to make counter-pressure. This instrument being so very blunt, the opening was made without the loss of blood. The lower end of the tube was now seized between the blades of the forceps and drawn down until its cross-bar rested upon the floor of the space. The necessity of the tube was made manifest by an almost constant dribbling of bloody serum during the first twenty-four hours. The tube was removed on the morning of the fourth day. In reference to the condition of the abdominal cavity, Dr. Keirle reports "there was no attempt at union of the abdominal incision, the lower half of which is discolored. The stump of uterus is observed united by sutures and lymph. Injection with two oz. glass syringe, nozzle introduced through cervical canal, does not, until after fourth trial, spirt in three fine jets through incision." Around the opening made for the drainage tube he found "a layer of lymph (fibrin) of irregular superficies, which extends thence on the pelvic peritoneum 2 cm. area. Fibrin also agglutinates some coils of small intestines to uterine stump. This is a limited pelvic peritonitis. No further inflammation exists in the abdominal cavity, in which the other organs and structures are normal. The tumor was imbedded in the anterior wall and fundus of the uterus, the thickness of the anterior wall being six inches, that of the posterior only three quarters of an inch, weight of whole uterus and tumor, three pounds and eight ounces. Upon section the tumor presented a pink colored, transparent tissue, seemingly consisting of a delicate network of fibers and capillary vessels separated by transparent fluid, looking very much like a section through connective tissue in edema, and corresponding very nearly to a description of myxomyoma as given by Virchow. Dr. N. G. Keirle, the pathologist to the hospital states: "Its (the microscopical examination was made after the case was reported) microscopic histology is that of the medium sized spindle-cell sarcoma."

1st day.,	6:30 P. M.,	Temp.,	96.	Pulse,	120.
	9:30 P. M.,	"	98.	"	108.
2nd day,	10:00 A. M.,	"	101.	"	110.
	4:00 P. M.,	"	100.	"	114.
	10:00 P. M.,	"	101.6	"	130.
3d day,	10:00 A. M.,	"	102.2	"	120.
	4:00 P. M.,	"	100.8	"	130.
	10:00 P. M.,	"	101.	"	114.
4th day,	10:00 A. M.,	"	103.	"	120.
	12:30 P. M.,	"	104.	"	150.
	2:30 P. M.,	"	104.8	Imperceptible.	
	3:13 P. M.,	Death.			

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THE MISSOURI STATE MEDICAL SOCIETY.

It is not likely in the one day allotted the State Society, that many, if any, papers can be read except by title. It will be an interesting meeting, however, that will be held May 3rd, and there will be a large attendance. In point of fact this society is even more important to the physicians of Missouri than the National Association.

There are matters of organization, of ethics, and of representation to be cared for, and there will be enough of business for one day. The interest in our State Society is increasing from year to year. Every right-minded physician in the State should be a member of this organization, and devote at least two days each year to attending its meetings.

It is a grand, good association, this Missouri Medical Society of ours. Let us keep it in mind.

SECTION OF DISEASES OF CHILDREN IN AMERICAN MEDICAL ASSOCIATION.

The importance of this department certainly entitles it to such recognition as the creation of a special section, but it seems strange that the section of Obstetrics and Diseases of Women should have tacked on it, so to speak, as a part of its title, Diseases of Children. This is confusing, to say the least.

RESOLUTION OF THE M. P. AND L. A.

AT a recent meeting of the "Medical Press and Library Association," it was

Resolved, That during the session of the American Medical Association in St. Louis, there be published a *daily* issue of the WEEKLY MEDICAL REVIEW, with a report of the proceedings.

Authors of papers will confer a favor by forwarding abstracts of them to the secretary of the executive committee, Dr. I. N. Love, N. W. corner of Lindell Ave. and Grand, as soon as possible.

THE MEDICAL PRESS AND LIBRARY ASSOCIATION

Is not, as has been reported, inimical to the American Medical Association, nor has there been any attempt to hinder the work of the local committees. On the contrary, everything that has been said or done by the members of the Association has been for the purpose of stimulating to action the home profession and most of all those physicians upon whom rests the responsibility of preparation. Already there is a good result, the different committees have begun to work energetically, the attention of the public is being, solicited and some plans are under consideration. There is a possibility that something worthy of St. Louis may be done, but we cannot help but regret, that energetic effort was not made months since.

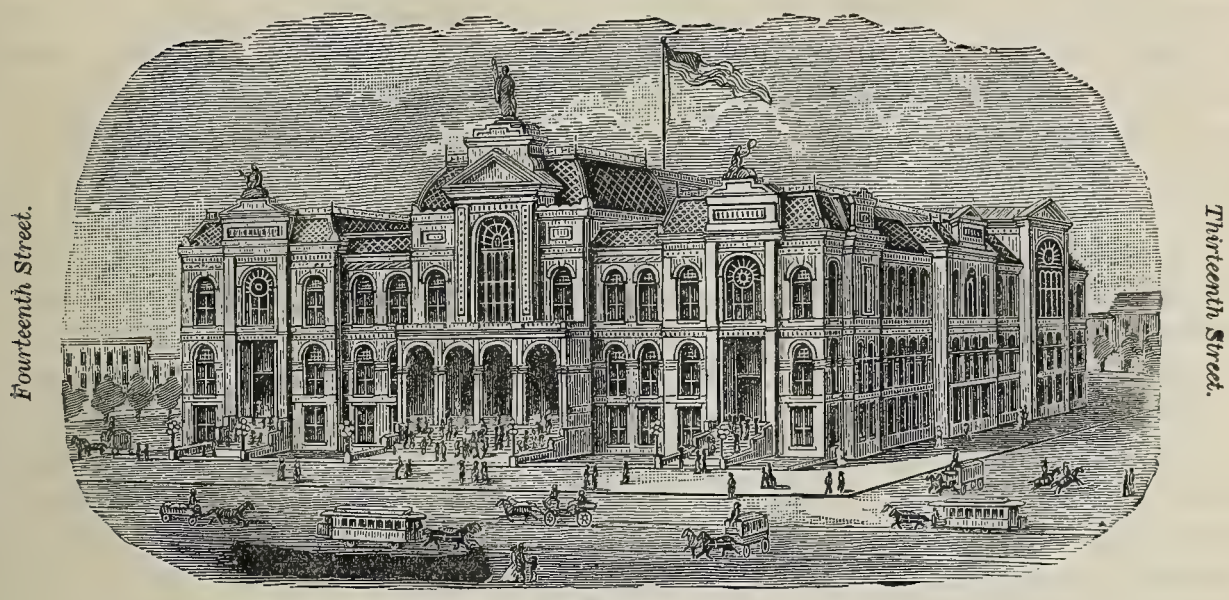
The Press Association is, and has been, ready to aid, in any and every way, preparations for a proper reception of the American Association. No charges of being "obstructionists" or of trying to retard or oppose the work of arranging for the meeting will prevent its members from doing their full duty. They not only propose to work to contribute, but have assumed the additional labor of trying to get as much work out of others as possible.

ST. LOUIS AS A CENTER OF MEDICAL EDUCATION.

The "Future Great" is rapidly taking rank as the chief medical center of the South and West. Already we have quite a number of excellent medical colleges, and another will soon be added to the list. Its location is a good one, being central to the whole country; besides, it is better adapted for giving to students all the facilities and opportunities for first-class medical education with clinical

ST. LOUIS EXPOSITION BUILDING.

PLACE OF MEETING OF THE AMERICAN MEDICAL ASSOCIATION.



This magnificent building, covering two squares almost in the center of our city, is all that could be desired for a great convention such as the American Medical Association. It contains two halls, the larger capable of seating over four thousand and the smaller, a gem of its kind, seating about fourteen hundred.

In the great corridors is room for all the sections, committees and board meetings, and for drug, book and instrument display as well. It is fortunate that all can be under one roof with plenty of room for all, which has never been the case before.

Mr. Johnson, the gentlemanly and efficient secretary of the Exposition Association, has hosts of friends among the physicians, and is a host in himself.

To our friends in the profession, we offer our services in all ways that may add to their pleasure and convenience. The members of the Press Association, and the publisher of the REVIEW place themselves at the disposal of members of the Medical Association both before and during the meeting. We will not think it trouble to answer questions, make inquiries or extend any courtesy whenever called upon.

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advantages than any other city west of New York. This is a large statement doubtless, to many, but we honestly believe it is amply sustained by facts that are self-evident. The medical colleges here are fast mending their ways, by putting their respective faculties in such shape as to command from the profession the largest degree of confidence and support; and at the same time to create the hope that its honor, dignity andstandard, will be properly respected and elevated. The St. Louis Medical College has come to the front in some very important changes in the faculty. This college is one of the oldest in the West, having been founded by Dr. Pope in 1841, and in taking this course indicates its determination to keep pace with the times by infusing new life and blood into its organization. The retirement from its faculty of Professors L. Ch. Boisliniere and E. F. Smith, ripe in years and full of honors, looses to the institution two gentlemen of recognized merit and abilities as teachers and physicians.

We can but express the wish that in this "sere and yellow leaf" of life to them, that their "lines may be cast in pleasant places," and that they may enjoy to the fullest fruition the purposes and ambition of well spent lives. The addition to the faculty of such names as J. M. Scott, W. L. Barrett, John Green, John

P. Bryson, George Homan and B. J. Primm, give great promise of strength, and will, we trust, sustain the past reputation of this college as a school of deservedly high rank and merit.

The Missouri Medical College, the creation and protegé of the eminent and talented McDowell, has also taken the measure of itself, and comes before the medical public with changes in its teaching faculty. Dr. J. P. Kingsley, who has long honorably and with good abilities occupied the chair of Materia Medica and Therapeutics, on account of bad health retires. The professorship that he vacates has been given to Justin Steer, M. D., of this city, who brings to the position talents and culture of a high order.

Another important movement upon the chess board of change is the establishment of a brand-new organization styled the Beaumont Hospital Medical College. The college in its name seeks to honor a distinguished savant and original investigator in the field of physiological science—the late Doctor Wm. Beaumont, of St. Louis. This name brings before the mind a man who was grand in all the characteristics of a gentleman, scholar and physician. It is to be hoped that this institution may become as national in its reputation, as liberal in its benefactions and as renowned for its learning as the very distinguished gentleman whose name it bears. The faculty of this college is made up of the following names, to-wit:

W. B. Outten, A. B. Shaw, Walter Coles, A. J. Steele, D. C. Gamble, R. M. King, R. M. Funkhouser, Adolf Alt, L. H. Laidley, W. G. Moore, Jos. C. Mulhall, E. E. Furney, W. Briggs, E. Chancellor, S. Graves, and Breckenridge Jones. They are all honorable men, enthusiastic, energetic and eminently fitted for the several positions to which they have been chosen, and eager and ready to elevate to the topmost round the standard of medical teaching in this country.

The Mucine in Urine and Normal Albuminuria.

The latest contribution to this interesting and much debated subject is contained in a paper by Professor Senator, published in No. 12 of the *Berliner Klinische Wochenschrift.* Senator has made the subject of the urinary excretion an especial object of clinical and experimental study and his opinion therefore is one based upon well-earned authority.

Senator says, that in physiological and pathological literature but little is said of the presence of mucine in urine. In the handbooks, for instance by C. G. Lehmann Neubauer, Huppert, Hoppe-Seyler, etc., is merely mentioned the fact that normal urine contains traces of mucine, and Kuehne says, in discussing the mucus in normal urine, that mucine, a substance soluble in soda and again precipitated by acetic acid, has not been demonstrated. Reissner and Méhu (*De la non-existence du mucus dans lurine*), likewise deny the presence of mucine in normal urine. Hofmeister, however, by operating with larger quantities of urine, was able to show the presence of traces.

As respects pathological urine Reissner states that mucine is present in acute febrile affections of various character, such as pneumonia, pleuritis, typhoid and typhus fever, malaria, intestinal catarrh, meningitis, acute mania and epilepsy attended by vaso-motor excitement. This remarkable statement, laid down in *Virchow's Archiv*, XXIV. 1862, has never been disputed nor corroborated. Senator is of the opinion that Reissner may have looked upon certain peculiar albuminates, that we now know of and formerly were entirely unacquainted with, as being mucine. Same of Reissner's reactions justify such an assumption, which is further strengthened by our present knowledge, that in acute febrile processes albuminates are excreted of other than the ordinary characteristic reactions.

Reissner also claims to have often found mucine in chronic catarrh of the bladder. And this idea is quite a prevalent one and taught in most of the handbooks. Méhu denies the fact, however. Senator, in the course of his investigations of the albuminates in urine, also examined many samples from cases of chronic cystitis and never was able to demonstrate mucine. If such urine is

allowed to settle and is carefully filtered to free it from the slimy admixtures, we often obtain on addition of acetic acid a slight turbidity, which, however, is so entirely cleared up by adding more acetic acid, that the fluid is exactly like the original filtrate.

This cloudiness on first adding acetic acid is due to albuminates, and especially due to the presence of globulin, as further tests demonstrate. The solubility in an excess of acetic acid disproves the presence of mucine. Only in some cases a slight opalescence remains, that may be looked upon as mucine; but there never is found more than a minimal trace.

This is a point of importance, inasmuch as it is evidence of the presence of albumen in the urine in catarrhal conditions of the urinary passages, especially in vesical catarrh. In such catarrhs, uncomplicated by renal affections, the carefully filtered urine contains but very little albumen compared with the cell-elements present, such as pus-corpuscles, epithelia, blood-discs. If much albumen be found after filtration, some other affection, more grave in character, complicates the case. Practically this is of importance. In many instances kidney affection has been entirely overlooked on account of attributing the albumen found in cases of catarrh as due to, and to be credited to the simpler affection.

The conclusions to be drawn are:

Mucine, as Méhu has fully asserted, is not present in the urine in cases of chronic cystitis; if at all, only in infinitesimal amount. The albumen in such urine, that has previously been filtered, is the less the fewer corpuscular elements the original urine contained.

Catarrh of the urinary passages is to be diagnosed, if the urine contains besides a macroscopic cellular sediment, a small amount of albumen in solution.

After this introduction to the subject Senator takes up the recent reports by C. v. Noorden, "*Ueber Albuminurie bei gesunden Meuschen,*" Deutsches Archiv. f. klin. med., xxxviii., and *Berliner klinische Wchnschr.*, No. 11, 1886. Noorden claims to have found mucine and albumine together, and in some cases albumine alone, in perfectly healthy individuals. There where he found mucine, he could generally find, microscopically, the elements of mucus, i. e., mucous threads with mucine corpuscles; in cases again, no such microscopic demonstration was possible, proving, as v. Noorden puts it, the great delicacy of the chemical test. The conclusion of the writer is to the effect that there is no such thing as a "*physiological albuminuria,*" but that in all such cases a very mild form of catarrh of the passages, of no influence upon the healthy functions, is to be looked to as the source of the mucine and albumine.

Senator considers the report noteworthy for the following reasons:

1. That so many "healthy" individuals should have urinary catarrh, for which no possible etiology is apparent, and that this catarrh, as v. Noorden's report goes to show, often disappears, so that afternoon-tests are negative.

2. That v. Noorden found mucine by simple methods and so frequently, while all other competent observers either found none at all or only minute traces, and then only in very large amounts of urine and after complicated chemical processes.

3. That although cell-elements were demonstrable in these urines only on microscopic examination, and very often not even so, that the urine of these alleged catarrhs contained not only mucine but also albumine in an appreciable amount, demonstrable by ordinary means of research; all other observers have reported that in cases of pronounced cystitis, where the urine contains large amounts of pus and mucus, macroscopically visible as a sediment, the filtered urine contains practically no mucine and albumine only in small quantity.

Senator points out the fallacy of v. Noorden's results by showing that his chemical work is woefully at fault. He assumed the presence of mucine if a precipitate remained after adding an excess of acetic acid. This, says Senator, is not sufficient to designate the precipitate as mucine, for the urine contains albumen that has the same behavior. The presence of such albumen has been shown

by Senator, by F. Mueller, and Schreiber. The latter showed that this peculiar form of albumen appears as a transitory admixture from various causes, such as compression of the thorax, in healthy individuals. This observation would tally with that of v. Noorden, who speaks also of the transitory nature of his findings, and who did not take the pains to ascertain the true nature of his precipitate. Senator considers the results of v. Noorden corroborative of his views respecting the normal presence of albumen in all healthy urine. Posner has taught us chemical methods of showing this,and the simplest mode of demonstration is by the microscope, for "no urine is without corpuscular elements; and, where there are cells, there must be albumen." That a "*physiological albuminuria*" exists was asserted by Senator about four years ago. The source of the albumen in the normal urine is to be looked for in the epithelia of the urinary passages and of the epithelia of the tubules of the kidney itself. These are to be considered as glandular epithelia that undergo periodical desquamation, a species of shedding. This process of shedding is the source of albumen in normal urine. In pathological states, where a destruction of these elements occurs, considerable amounts of albumen may so originate.

Senator goes still further and believes that in addition to this source of albumen in normal urine, that normally albumen is transmitted in the convolutions of the glomeruli. An experimental study by Adami, at Heidenhain's laboratory, resulted in proving the presence of albumen in the kidneys of normal dogs within Bowman's capsule. For these reasons Senator reiterates:

The normal urine contains albumen and albumen is transmitted through the convolutions of the glomeruli. This is no longer theory, but a well-established fact.

The methods of recognizing the normal albumen we find in Posner's paper in No. 41 1885 of the *Berliner Klinische Wochenschrift.* The difficulty of the demonstration lies in the high state of dilution of the albumen. To get about this difficulty, the first method of Posner is to add acetic acid freely to the urine. This converts the albumen into a non-coagulable acid-albumen. After evaporation and filtration, the albumen is made apparent by the ferro-cyanide of potassium.

A second mode consists in precipitating the albumen by absolute alcohol or concentrated aqueous solution of tannic acid. The precipitates are duly washed and redissolved in acetic acid. This solution is then subjected to the test with the ferro cyanide.

The third mode is by coagulation with heat, evaporation, filtration and treatment of the material on the filter with acetic acid and the ferro-cyanide.

A Report on Tracheotomy.—R. Rosenthal reports in the *Charité Annalen*, x. 1885, 128 tracheotomies made at the Berlin Charité in two years. In 103 cases diphtheritic croup, in 25 cases idiopathic croup, caused the laryngeal stenosis. Of the latter, 6 cases, 20.4 per cent recovered; of the former, 18 cases, 10.7 per cent; of the whole number we have, therefore, 24 recoveries, 13.7 per cent. The reporter confirms the well known fact that early infancy vitiates the chances. Of 25 cases, under two years of age, one recovered. A dreaded complication is nasal diphtheria. There were eight such and all died. Six children were infected with scarlet fever after the operation, and five died. The coughing up of membranous and tubular masses after the operation is a bad symptom, showing progress of the process upon the tracheal mucosa. In eight such cases there were four recoveries. Three children died after the removal of the canula, two iti s , and one from collapse. Diphtheria of the operation wound occurred four times; emphysema of the neck also in four cases. Emphysema is likely to occur in fat children, where the adipose tissue projects into the wound and arrests the expired air. In such cases the incision should be somewhat longer than ordinarily made. The operation should be made only if cyanosis evidences the carbon dioxide intoxication. For choking-spells the indication is to let the operation alone, inasmuch as

the children usually recover from it, while in case of operation the chances are vitiated by aspiration of masses. Papayotine, pepsine, etc., are useless. Local cauterization of the pharynx is worse than useless. The spray after the operation is not advisable. The canula should be covered with a moist warm sponge.

URETHAN.—We learn of many favorable reports on the use of this new hypnotic. Dr. Myrtle writes to the *British Medical Journal*:

Since October, I have been using urethan in a variety of cases with satisfactory results. I have used it in over fifty cases as a sedative and hypnotic, and my experience of its action encourages me to recommend the drug, believing that in certain cases, it will prove of great value. The cases in which I have prescribed it were of the usual run of every day practice, where a sedative or hypnotic was required: general restlessness, sleeplessness, neuralgia, catarrh, certain forms of skin affections with great irritation, also rheumatism and gout. Many of my patients had some peculiarity of constitution which prevented the use of opiates of the usual type; and it is in this special class that I think urethan will prove of great value. One gentleman, who had suffered from insomnia for weeks, and who cannot tolerate opium or chloral, took 15 grains at bedtime with the most perfect result. He wrote to me and said, "The sleep was most pleasant and refreshing. I awoke without a headache, with appetite for breakfast, and what was equally agreeable, there was no interruption to any of my functions." Similar testimony has been given by the majority of patients, who have taken full doses to produce sleep. In smaller doses, its action is less marked, still it is decidedly calmative and agreeable, causing no unpleasant effect, such as nausea, flatulence, constipation or headache. It does not affect the nerve centres of circulation or respiration, but spends itself on the cerebrum. It possesses, therefore, great advantages over the older and valuable sedatives, which have certain evil influences, especially in exceptional cases. Given in gout and rheumatism in full doses, alone or in combination, it has the great advantage over morphia of not interfering with the action of the bowels or kidneys; besides it is not unpleasant to the taste; the only objection to it is its price, although that has been reduced 50 per cent since I gave my first dose three months ago.

INFECTIOUSNESS OF OLD GONORRHEA.—According to the *Medical and Surgical Reporter*, Neisser reported to the German Medical Congress, in Strassburg, an investigation of 143 cases of gonorrhea, which had existed for more than a year, in respect to their contagiousness. Quadrate heaps of gonococci were found in the pus on staining with methyl-blue at times. Sometimes they were absent at several examinations. Neisser says the infectiousness in each case can only be judged by special examination. The practical bearing of this remark is obvious.

The most effectual treatment consists in the constant and regular injection, through a soft, thin catheter, with multiperforated head, of such solutions as nitrate of silver, 1:2000-3000, or salicylate of soda in five per cent solution, with balsam of copaiva internally to prevent cystitis.

LAPARATOMY IN PURULENT PERITONITIS.—A case in which this novel procedure was adopted is reported by Studenski, (*Chirurg. Westnik.—Centr. f. Chirurg*). The patient, aged twelve years, had typhoid fever, in the course of which purulent peritonitis developed. Six pounds of purulent fluid were drawn off by Potain's aspirator. No improvement followed, and six days later the belly was opened below the umbilicus in the linea alba by a cut two inches long. Six pounds of pus came away. The cavity was freely washed with a four per cent solution of boric acid and glycerin. This was repeated twice a day for five to six days. Subsequently the inflammation became localized to the splenic region. After an intercurrent erysipelas the patient recovered.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

Stated meeting held Saturday, April 10, 1886.

Dr. Lee asked what plan could be pursued in regard to a diploma that had been lost; whether it could be replaced by the school from which it was issued, and if not, if a certificate of graduation from that school was sufficient for all purposes.

The President answered that it was not possible under any circumstances to duplicate diplomas; but that under such conditions as the loss of one, that an authenticated certificate from the college was sufficient for all purposes.

Dr. Hulbert presented an account of a case. After giving birth to a child a patient progressed well and rapidly, with no unfavorable symptoms whatever. The uterus was normal, and no pain in hypogastric region. About fifteen days after delivery, severe abdominal pain set in, for which a mixture of chloroform, paregoric and ginger was administered; the pain continuing unabated, morphia was given and continued for forty-eight hours, in one-third grain doses, which was followed by relief of pain. After the lapse of three days pain returned, and injections of morphia again given, also one suppository of morphia by rectum. Bowels obstinately constipated; injection of turpentine and soapsuds produced slight passages. Patient was watched carefully and after the lapse of a few hours, symptoms of profound opium narcosis supervened. Hypodermic injections of atropia resorted to, and flagellation of patient, with the result of reviving her. In a short time the patient was attacked with pulmonary symptoms, and died of pneumonia. The desired point to be made by the doctor was this: The day preceding the morphia narcosis, three injections and suppositories of one-third of a grain were given. Now was it possible that the suppository was carried up the bowel by the enema which was given, to a point where its action was more rapid and profound than in the rectum.

Question excited no discussion, Dr. Hill merely asking if it was the opinion of Dr. Hulbert that the enema carried the suppository up the bowel.

Dr. Williams reported a case of tobacco amaurosis. Patient was young, being thirty-two years of age, and much given to the use of tobacco, which he smoked in its strongest forms. A few days before the doctor saw him, he was able to see very little, but on discontinuing the use of tobacco his sight improved, and the doctor thought that unless he returned to it, the trouble would soon cease. He also reported a case of a negro, who was injured about the head in a steamboat explosion during the war; since that he has been a laboring man. Examination revealed white atrophy of the optic nerves; sight in one eye completely lost. The doctor thought the cause of the condition dated back to the injuries received twenty years before. Strychnia given internally, and the vision in the eye to which some sight remained has improved considerably.

Dr. Pollak did not think the cause of the trouble dated back so far, as white atrophy was usually rapid in its progress, and the patient would have been blind long ago if such had been the case.

The President asked if the man had had any head troubles since the injury.

Dr. Williams replied that as far as he knew, there were none. He further reported a case in which there was great pain in the left ear. Aural examination showed nothing abnormal, but on the left side of the tongue there was quite a large ulcer, unhealthy and angry-looking; he noticed that upon irritation of the ulcer by any means, the pain in the ear was increased, and had come to the conclusion that the ear trouble was the result of a reflex irritation from the sore.

Dr. Moore related a case of tobacco-toxemia, brought about by long-continued use of the weed. The patient had quit the habit a short time before he saw him, and its withdrawal had thrown the patient into a melancholic state, which was very threatening; he was constantly laboring under the impression that he was about to lose his relatives, his situation, and even his life. His treatment, so far, had consisted mostly in the administration of quinine and capsicum, but with very little good result, and he was anxious to learn from some member of the society, what remedies could be used most likely to benefit the patient.

Dr. Hughes, in a lengthy reply, spoke of the effects of the withdrawal of tobacco, saying that his observations did not tend to confirm the general belief that its removal injuriously influenced the patient. Said that in his diet of the insane, tobacco was furnished them just as their other rations were, and that in cases of its withdrawal, no ill effects were noticed. That a person placed in a position where it was impossible to get tobacco, found it much less difficult to give it up, than when he voluntarily quit its use, but was sur-

rounded with means by which he could at any time obtain it.

In the case spoken of by Dr. Moore, in which the melancholia was accompanied by insomnia and delusions, he would recommend electrization of the brain, its soporiferous effects to be prolonged by therapeutic measures, such as the administration of chloral hydrate etc.

Dr. Ford spoke of a case of melancholia with delusions, in which an examination of the genital organs revealed a marked anteversion of the uterus, with intense endocervicitis. Thought that there existed between the brain and the mucous membrane of the uterus in the female, and that of the prostatic portion of the urethra in the male, a sympathy through which inflammatory affections of these parts gave rise to melancholic symptoms. Spoke of several cases of melancholia which seemed to confirm this view. Would recommend a thorough examination of the urethra in Dr. Moore's case.

Dr. Hughes spoke of the common error of giving strychnine as a nerve tonic in these troubles, saying that to the already hyperexcited cerebral cortex, a direct irritant was added, which was productive of evil and not good.

The President, in a few quaint remarks, recalled the teachings of Abernethy, forty years ago, who, in cases presenting melancholic symptoms, gave *blue mass.* He thought that in cases similar to those spoken of, he himself would try a little blue-mass with quinine.

ST. LOUIS MICROSCOPICAL SOCIETY.

REPORTED FOR THE REVIEW.

The regular monthly meeting of the St. Louis Microscopical Society was held April 1, 1886, President Alt in the chair and nine members present. The reading of the minutes of the last meeting was dispensed with. On invitation of Dr. Bremer, it was resolved to hold the next meeting of this Society at his laboratory at the Missouri Medical College. Committee on microscopy reported progress and was continued.

Dr. Bremer then addressed the Society on the subject of tuberculosis in the pigeon. It is a well known fact that tuberculosis is quite common among the gallinacea, but growths of this character are quite few. A pigeon was presented to the doctor with a tumor under its right wing. On examination, the tumor was found to originate in the lung and that almost the entire lung had been occupied with tumor tissue. The growth had perforated the thoracic walls and destroyed the muscles but had not yet penetrated the skin. At first sight the tumor presented no appearance of being tubercular, but when the sections were examined microscopically after being stained by the Ehrlich-Koch method, it was found to consist almost exclusively of tubercular bacilli. Since examining this specimen the doctor found that similar growths were observed by Cornil and that the latter considers the tubercular-bacilli tumor as characteristic of tuberculosis in the pigeon. In the sections exhibited the bacilli are found of all sizes and forms, and in some portions they have broken down to form an almost homogeneous mass. This however stains very deeply and then demonstrates its bacillar character. We also notice numerous round well stained bodies, resembling micrococci. A French scientist has maintained that the disease germ of tuberculosis occurs not only in the shape of short and long bacilli but also in the shape of micrococci. We believe, however, that these are not micrococci in the sense of representing a distinct variety of tubercular disease germ, but rather the spores of the true tubercular bacilli. We notice another thing in these specimens. We find tubercular bacilli in the few remnants of healthy lung tissue—thus showing that the bacilli come first and then the morbid product.

After the members had examined the specimen, Dr. Bremer also exhibited a specimen of muscle spindles in the human subject. It is well known that in the muscular tissue of pigs, mice, rabbits, etc., spindle shaped bodies are found to which Kuehne gave the name muscle-spindles. They are supposed to develop into muscular fiber. Thus far these bodies had never been observed in the human subject. A short time ago the doctor came into possession of the body of a new born babe and set to work to look for these spindles and finally succeeded in finding and demonstrating them, so far as known, the first instance on record of their having been found in the human subject. The Society then adjourned.

Edw. Evers.
Secretary.

—London has lately killed seventeen thousand dogs. It does not want its citizens afflicted with hydrophobia. (*American Lancet.*) The old saw that "every dog has its day" could not hold in London for the reason that there would have been more dogs than days.

BALTIMORE GYNECOLOGICAL AND OBSTETRICAL SOCIETY.

Regular meeting, held Feb. 9, 1886. The President George W. Miltenberger M. D., in the chair—Wm. E. Moseley M. D., Secretary.

Dr. A. F. Erich read a paper:

Diagnosis of Fibro-cystic Tumor of the Uterus—Laparotomy and Supra-vaginal Amputation of Uterus

(See page 374.)

Discussion.

Dr. W. P. Chunn asked Dr. Erich the character of the fluid withdrawn by aspiration; did it coagulate on exposure to air. He had always considerd that if the fluid coagulated, it was proof of fibro-cystic tumor, as the rule, to which he knew there were exceptions, was that fibro-cystic fluid was blood minus its corpuscles and would coagulate when exposed to the air.

Dr. Erich answered that, as the amount of fluid obtained was very small and, as it was wanted for microscopical examination, he did not test its coagulability. As he said in his paper, the microscopical examination threw no special light on the diagnosis.

Dr. T. A. Ashby said that Dr. Erich had stated that he had used thorough antiseptic precautions in this operation. He would like to ask the doctor what antiseptic method he had employed.

Dr. Erich replied that the ceiling, walls and floor of the patient's room were swept and washed and then sprayed with a carbolic acid solution. Only those required as assistants were permitted to be present and all were dressed in freshly washed linen, their finger nails cut and hands thoroughly cleaned. Carbolic acid solution was used for instruments and a 1 to 2000 solution of bichloride of mercury for sponges, etc. The dressings for abdominal wound and vagina were described in the paper.

Dr. Ashby said that the object of his question was to elicit some discussion on the use of antiseptics in abdominal surgery. As is well known, opinions differ very widely among European abdominal surgeons in respect to the use of antiseptic agents within the abdominal cavity. While thorough Listerian principles including the use of the spray are enjoined by a surgeon of Mr Thornton's acknowledged ability and experience, all antiseptic agents are discarded by so successful an operator as Mr. Lawson Tait. One fact is clear amid all the confusion respecting the details of antisepticians, and that is the great value of absolute cleanliness, which is the essence of Mr. Lister's teachings. Modern statistics show the great value of these principles in abdominal surgery and he would be indeed a bold operator who failed to apply these principles, modified only as to details.

Dr. Chunn questioned the advisability of introducing a drainage tube in those cases where there were no adhesions and consequently no blood or fluid of any kind left in the peritoneal cavity. This opinion he bases upon the teachings of Mr. Keith. He considered that if any fluid did collect in Douglas's space, it could be easily detected and gotten rid of. He was of the opinion that a woman of forty with a growth like that shown could be tided over until after the menopause, which could not have been many years distant in the case reported.

Dr. H. P. C. Wilson questioned the report that some distinguished operators entirely ignored antiseptics. Some, he was aware, did not use the spray, but he was under the impression that they were careful to see that all sponges, instruments and appliances that had been used in an operation, were rendered thoroughly antiseptic before being used in another. Several acids, bichloride of mercury and other agents were antiseptic, and if any of these were used to guard against septicemia, those employing them could not be said to be opposed to antiseptics in abdominal surgery. As far as he personally was concerned, he still had great faith in antiseptics, especially in hospital practice, and he favored the use of the spray in such cases, having it stopped only just before beginning the operation. He never could understand why we should be so careful in disinfecting sponges and not use as great precaution to render antiseptic the air around hospital operations. In one case he did a laparotomy on a patient at the same time that there was a case of erysipelas in the next room and the result was uninterrupted recovery. At another time he removed an ovarian tumor from a woman who occupied the same room and bedstead that had been vacated only ten days before by a patient having a sloughing fibroid, from which the stench was so great that it was nauseating to enter her room and rendered the air of the whole floor offensive. In this room the carbolic spray was used liberally for several hours before the operation and especially under, around and in the bed. In some cases he washes out the abdominal cavity with bichloride solution before closing the incision.

Dr. Ashby said he had not had any oppor-

tunity of seeing Mr. Tait operate and so was not personally familiar with his methods, but Mr. Tait had published the fact that he has no faith in the so-called antiseptic agents and believed they did more harm than good. At one time he, (Mr. Tait) had practiced the Listerian ideas in all their detail, but they disappointed him and he gave them up. He took water from the tap and put it into the basin for the sponges, over the instruments and into the abdomen, but he practiced the most rigid enforcement of cleanliness. Dr. Ashby had recently, through the courtesy of Dr. Chambers the resident physician, had an opportunity to examine Dr. T. G. Thomas' private hospital from cellar to garret. Every idea that prevails in its construction and management has reference to purity of air, scrupulous cleanliness and absolute comfort. But, with every modern convenience of ventilating, heating and lighting, Dr. Thomas still employed a thorough system of antisepsis, and in every detail of his operative work reference is had to disinfection and absolute cleanliness. Dr. Ashby expressed the opinion that, in our country at least, omission of antiseptic precautions in abdominal surgery would mean an increased death rate and that no surgeon could, in justice to his patient, or to his own reputation, afford to hazard an operation within the abdominal cavity without using those methods of antisepticism that are expressed in the Listerian idea.

Dr. Ashby asked permission to relate the following case which he considered of interest in connection with the case reported by Dr. Erich. The patient was a negro woman, aged 31, and had been married between nine and ten years. Her youngest child was about 8 years old. For four or five years past she has lost considerable blood during menstruation and has noticed an enlargement of the abdomen, but attributed the latter to taking on flesh. For several months past menstruation has been very profuse, generally lasting about eight days. During the intra-menstrual period she has a discharge from the vagina of a clear watery fluid and ranging in amount from a teacupful to a pint in twenty-four hours. The discharge of fluid is spasmodic in character, deluging her clothing. Her general health is at about par. Physical examination reveals a globular tumor about the size of a uterus at the fifth month of pregnancy. The tumor has thick, dense walls and is largest at its upper part. The cervix uteri is normal in size and feel. The sound enters the uterus five and a half inches, is grasped tightly by the lower segment but rotates freely in the cavity near the fundus. Dr. Ashby's diagnosis is, a fibroid of the uterus undergoing cystic degeneration. The indications for treatment are palliative as in the present condition of the patient no operative procedure would be justifiable. The case is of interest from the fact that the woman's health remains so good and that the cyst should have opened into the uterine cavitn and allowed its contents to discharge as described.

Dr. W. E. Moseley thought one great source of misunderstanding in regard to antisepticism came from the inclination people showed to limit disinfectants to the so-called antiseptic solutions and powders. Those surgeons who decry most loudly the use of antiseptic precautions, are very careful to expose their sponges, etc., to a high degree of heat before using, and thereby make use of the most powerful means of rendering them aseptic. Live or free, dry steam is found to be the most effective agent in disinfecting on a large scale. The numerous antiseptic preparations have their places, but many of them are almost or quite useless unless used in very concentrated form, and others are poisonous and irritating and caution must be exercised in their application.

Dr. Erich said that in institutions having arrangements for disinfection by heat, much could be done by that means, but in our own hospitals he thought it necessary to have recourse to antiseptic fluids.

If any question arose as to the diagnosis of the case reported, he would refer those present to Billroth's work mentioned in his paper and ask a comparison of the specimen with the description found there. He thought many cases were diagnosticated fibro-cysts which were not really such, as for instance, one operated upon by himself, which proved to be an old abscess of a broad ligament. The rule laid down by authorities is, that fibro-cysts contain either blood, serum or lymph, and that the diagnostic value of coagulability of the fluid contents depended entirely upon the character of cystic degeneration. In the seventy cases of fibro-cystic tumors collected by O. Hear only eleven contained fluid coagulating spontaneously.

Regarding the question whether the removal of a growth the size of that shown was a justifiable procedure or not, he thought the social position of the patient had much to do. He considered that a rich woman would have been able to endure the growth for a considerable time, even until the menopause, as she could place herself among the best surroundings and have proper care, but in the case in hand, the woman was poor, and obliged to earn her own living, which the growth pre-

vented her from doing. He had represented fully to his patient all the dangers attending the operation, and she had insisted upon undergoing it. In such cases he thought we had no right to refuse to operate.

He considered the detection of a small amount of fluid in Douglas' cul-de-sac, unless encapsulated, an impossibility, as free fluid would recede upon the slightest pressure from without. The peculiar form of drainage he had adopted was that recommended by Martin, of Berlin, and had been used by him in several cases with the best results.

Dr. P. C. Williams asked for an explanation of the fact that, in a woman dying of asthenia, there should be a temperature of 96° F. immediately after the operation, and that it should rise each day until it reached 104.8° F. on the day of her death. Would not such a range of temperature indicate some inflammatory or septic complication?

Dr. Erich replied that he considered it an advantage to have a slight rise of temperature after an operation, as he thought it indicated a greater amount of vitality in the patient than if it had a tendency to remain sub-normal. That with the closure of the peritoneal edges by the exudation of lymph, there must be some local peritonitis.

Drs. Ashby and H. P. C. Wilson emphasized the importance of taking the patient's social position into account in considering the advisability of any operative procedure, and agreed with Dr. Erich in his conclusions.

Dr. Rob't T. Wilson exhibited some surgical needles, the invention of David Genese, D. D. S., of this city. Dr. Genese calls his needles "Iridinized Platina Needles." They are made with a platinized gold head, hardened under hydraulic pressure. Needles can be made by this process of any shape or size, and they are said so be indestructible under the pressure of forceps or the action of acids, but can be bent to any desirable curve.

Dr. Moseley thought that, judging from the needles shown, they would be useless in any operation where much force would be required for their introduction. Strong steel needles will often bend and sometimes break in the hands of skilful operators, and in such cases a needle which can be bent as easily as the samples would be of absolutely no value. They might be of use in a limited class of cases where their introduction would require but little force.

Dr. Erich said that the danger of the steel needle breaking at the eye could be obviated by heating it at that end and allowing it to cool slowly. This would not interfere much with the temper of the needle at its point.

In his operations for lacerated cervix he uses a tourniquet, and supposes he is a marked exception to the rule in so doing. The instrument he uses is his own device, is like a light ecraseur with catgut for a chain. His special reason for using it, aside from preventing hemorrhage, is that it so benumbs the cervix that he does not need to use any other means of producing anesthesia except in the case of very nervous women, when he has recourse to ether or chloroform. The use of this instrument demonstrated to him the fact that after the parts had been ligated for some time they would shrink, allowing the bleeding to return, and requiring the tightening of the tourniquet, and had thus taught him not to depend upon a ligature in supravaginal amputation of the uterus.

Dr. B. B. Browne said that in many cases of deep laceration of the cervix, extending up to and beyond the vaginal junction, he thought it would be difficult if not impracticable to apply the tourniquet above the seat of laceration. He asked Dr. Erich how, in such cases, he prevented cutting the ligature of the tourniquet while removing the cicatricial tissue from the angles.

Dr. Ashby stated that he continued to employ the tourniquet in a certain number of cases. He had found it useful in those cases where the cervix uteri was much elongated, and where there was hyperplasia and congestion of the cervical flaps. He could verify the assertion made by Dr. Erich as to the necessity of constantly tightening the loop of the tourniquet in consequence of a shrinkage of the tissues. He had never employed catgut as a loop, but used very flexible wire.

Dr. H. P. C. Wilson could not see how, in those cases in which the laceration extended up to the vaginal junction, it would be possible to apply the tourniquet so as to clean out the angles without cutting the cat-gut cord. He thought that in certain special cases the instrument might be of use.

Dr. Erich replied that when the uterus was easily movable, by drawing the cervix well down, the tourniquet could be applied above the angles of the deep laceration, even above the internal os. That the only cases in which he had difficulty were those in which there was a very short and conical cervix, or the uterus was fixed, so that it could not be drawn down far enough.

—There are nine doctors in the United States House of Representatives, and yet, notwithstanding the benign (there be nine) presence of these M. D.s, the M. C.s sometimes die.

CORRESPONDENCE.

LONDON LETTER.

LONDON, April 3, 1886.

Editors Review: The last few weeks have been singularly fatal to members of our profession in London, four men, in quite the front rank, having passed away. Of these Mr. Cooper Forster, who died on March 2nd, at the age of 58, claims first notice as having filled the highest surgical office in this country, viz., that of President of the Royal College of Surgeons. Mr. Forster was a student at Guy's Hospital, and at the conclusion of his student days he soon obtained minor posts in the school, and it was not long before he was appointed assistant surgeon to the hospital. His retirement a year or two ago, it will possibly be remembered by some of your readers, was necessitated by the unfortunate differences of opinion between the governors and the staff on the subject of the nursing. Mr. Forster contributed many papers to the Guy's Hospital reports, and some cases and papers to the medical journals and to the Pathological and Clinical Societies, but his chief work was on the surgical diseases of children, which appeared about a quarter of a century ago, and was thought well of. He was the first to perform gastrostomy in this country, having in 1858 operated on a patient suffering from cancer of the esophagus; the operation in this case was, unfortunately, not very successful, as the patient only lived two days, but it constituted a distinct advance in surgery.

Mr. John Cawood W. Wordsworth, who died on February 22, at the age of 63, was, perhaps, not so well known in the professional world as he deserved to be, owing, no doubt, in great measure, to his modest and retiring disposition. He was a student at the London Hospital, and then, owing to indifferent health, he settled down in practice in the West Indies, but after a few years he returned to London, and in 1849 was elected assistant surgeon to the London Hospital, and shortly afterwards he obtained a like office at the Moorfields Eye Hospital. In 1855, in common with many other London surgeons, he volunteered for duty in the Crimea. For three years after his return he continued to work at his two hospitals, and then in 1859 he determined to devote all his energies to eye work, and resigned his appointment at the London Hospital. As I have already stated Mr. Wordsworth was not a pushing man, and he has, consequently, left very little published record of his work, but he was a thoroughly practical man, with a good deal of common sense, and was one of the first to recognize the merits and adopt the use of the ophthalmoscope.

Mr. John Fremlyn Streatfield, who died on March 18, at the age of 58, was the senior surgeon at the Moorfields Eye Hospital, having succeeded Mr. Wordsworth in that office some two years ago. Like that gentleman, too, he served his country in the Crimea and did not begin hospital work in London until his return from the East. He was then elected assistant surgeon to the Moorfield's Hospital being, I believe, the first man appointed who had no general hospital post; he was soon afterwards appointed assistant ophthalmic surgeon at University College Hospital, and he remained connected with that institution also up till his death. He may, therefore, be said to have been the first pure specialist in eye diseases in London. Mr. Streatfield's forte, no doubt, was his manual dexterity, in reference to which one of his former pupils thus writes in the "British Medical Journal:" "He was probably the most finished and dexterous operator of his time; in cataract operations and corneal sections for iridectomy he always employed Sichel's knife, his incision in the former cases corresponding with the corneal margin. His hands were finely modelled, and the skillful use he made of them was the admiration of all who witnessed his operations, not excepting, I believe, his own colleagues at Moorfields." He was the first editor of the now greatly prized Moorfields Hospital Reports, and he had preserved with great care the proof sheets of the first few volumes, with the corrections by the writers. He wrote several of the articles on the eye in Quain's Dictionary of Medicine, and also contributed to Erichsen's well known work on surgery. He was fond of art and antiquities and before his marriage used to collect Wedgwood ware. He was an occasional contributor to the Ophthalmological Society, and what he said was always well worth hearing, and he had filled the office of treasurer of that society since its foundation in 1880.

Dr. Thomas Spencer Cobbold, who died March 20th, at the age of 57, is undoubtedly the most famous of all whose loss it is my misfortune to chronicle. He graduated in Edinburgh in 1851, and shortly afterwards was appointed curator of the anatomical museum, there gaining much experience from his dissections. Indeed, the basis of his article on Ruminantia in Todd and Bowman's Encyclopedia was thus obtained. Whilst in Edinburgh he devoted a good deal of attention to the subject of geology, but later came to London and took the post of lecturer in botany in St. Mary's Hospital Medical school. Two years later he gave this up for the lectureship on Comparative Anatomy and Zoology at the Middlesex Hospital, an office he retained for thirteen years. It was during this period that he commenced his life work on the Entozoa. In 1864 he was elected F. R. S., and published his Introductory Treatise

on the Entozoa. This was followed up by books on Tapeworms, on Worms and on Parasites. From 1865 to 1877 he was engaged in consulting practice in the west end, and his advice and opinion were largely sought and highly prized, but the work was not congenial to him, and he took the earliest opportunity of giving it up and devoting himself entirely to science. In 1873 he was appointed professor of Botany at the Royal Veterinary College, and not long after a special chair of helminthology was established for him, which enabled him to investigate more thoroughly the vast and important subject of the parasites of domestic animals. He wrote all the articles connected with his subject in Quain's Dictionary of Medicine, He had been in failing health for many years, and for some months had been known to be the subject of aortic disease, but his zeal was unabated, and only sixteen days before his death he read a paper on Strygonlus before one of the societies. His death was due to angina pectoris.

In giving a list of departed worthies, I ought not to omit old Dr. Storrar, who died not long since at the age of 76. I believe he never was really engaged in practice, his whole life being wrapped up in the University of London, of which he was for twenty-one years the Chairman of Convocation, and he was, I believe, the first or second person who received its degree of M. D. He will be sorely missed at the General Medical Council of which he was one of the original members, having represented his university since the formation of the Council in 1859. The president (Sir Henry Acland) and Dr. Aquilla Smith are, I think, the only remaining members of that august body.

The great function of laying the foundation stone of the new examination hall of the two Royal Colleges came off with great success ten days ago, the weather being all that could be desired, and as a large number of medical men were in full academicals, whilst several of the guests wore uniform, the scene was a very imposing one. It is rumored that Mr. Savory, the President of the Royal College of Surgeons (whose gown on the occasion was a great work of art), is to be made a Bart, but as yet nothing has transpired officially to confirm the rumor. As, however, it is usual to commemorate such occasions by grants of titular distinctions to those taking part in the ceremonies, it is more than probable that it will some day come true.

The great question of who is to be the next president of the College of Physicians, to which I alluded in my last, will be decided in a few days. The *Lancet* indicates, and I suppose it has good reason, for its opinion, that Sir William Jenner would accept office again if he were pressed to do so; this would offer a convenient solution of the difficulty, and would probably be accepted by the Fellows at large if it were true, as, although Sir William is not universally beloved, most men would probably prefer to reelect him in the hope that a little delay might render the selection of his successor a matter of less difficulty. For twenty years no one has held office for more than five years, but there is no law on the subject, so there is no doubt as to the re-eligibility of the present occupant.

Yours truly,

R. M.

ANNOUNCEMENT.

Railroad Arrangements for Transporting Delegates to the Next Meeting of the American Medical Association at St. Louis, on May 4th, 1886, are yet not complete; therefore I would advise delegates who cannot procure the required certificate (which they should be particular to endeavor to do) to entitle them to one-third fare returning, should take the receipt of the ticket agent for full fare coming, stating in said receipt the point started from, and the road over which they came to the meeting.

The Missouri Pacific Railroad, from all points on its line, including Kansas City and St. Joseph, Mo., Atchison and Leavenworth, Kansas, and Omaha, Neb., will give up to, and including May the 30th, before delegates will be required to return. In the next number of this journal I hope to be able to make a full and satisfactory report.

R. M. Jordan, M. D.
Chairman Trans. Com., St. Louis, Mo.

(Dr. Jordan is, as will be seen, doing all in his power to complete transportation arrangements. He is meeting with success, and hopes to have everything in his department all right before date of meeting.)

BOOK REVIEWS.

Leonard's Vest-Pocket Anatomist.—A twelfth edition of this anatomical compendium has made its appearance, and its universal popularity, which has been the criterion of its worth, will, no doubt, be extended by the addition of several sections devoted to the anatomical triangles and spaces, hernia, gynecological anatomy, etc. To those who favorably view an anatomical epitome, this little work readily recommends itself.

B. J. P.

AMERICAN MEDICAL ASSOCIATION.

The Thirty-seventh Annual Session will be held in St. Louis, Mo., on Tuesday, Wednesday, Thursday and Friday, May 4, 5, 6 and 7, commencing on Tuesday at 11 A. M.

The delegates shall receive their appointment from permanently organized State Medical Societies and such County and District Medical Societies *as are recognized by representation in their respective State Societies*, and from the Medical Department of the Army and Navy, and the Marine Hospital Service of the United States.

Each State, County, and District Medical Society entitled to representation shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number: *Provided*, however, that the number of delegates for any particular state, territory, county, city or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association.

Secretaries of Medical Associations, as above designated, are earnestly requested to forward, *at once*, lists of their delegates.

Also, that the Permanent Secretary may be enabled to erase from the roll the names of those who have forfeited their membership, the secretaries *are, by special resolution*, requested to send to him, annually, a corrected list of the membership of their respective Societies.

SECTIONS.

"The Chairmen of the several Sections shall prepare and read, in the general sessions of the Association, papers on the advances and discoveries of the past year in the branches of science included in their respective Sections. . . . . ."—*By-Laws*, Article ii, Sec. 4.

PRACTICE OF MEDICINE, MATERIA, MEDICA AND PHYSIOLOGY..—Dr. J. T. Whittaker, Cincinnati, Ohio, Chairman; Dr. L. B. Coleman, Lexington, Ky., Secretary.

OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.—Dr. S. C. Gordon, Portland, Me., Chairman; Dr. J. F. Y. Payne, Galveston, Texas, Secretary.

SURGERY AND ANATOMY.—Dr. Nicholas Senn, Milwaukee, Wis., Chairman; Dr. H. H. Mudd, St. Louis, Mo., Secretary.

STATE MEDICINE.—Dr. John H. Rauch, Springfield, Ill., Chairman; Dr. F. E. Daniel, Austin, Texas, Secretary.

OPHTHALMOLOGY, OTOLOGY, LARYNGOLOGY.—Dr. Eugene Smith, Detroit, Mich., Chairman; Dr. J. F. Fulton, St. Paul, Minn., Secretary.

DISEASES OF CHILDREN.—Dr. W. D. Haggard, Nashville, Tenn., Chairman; Dr. W. B. Lawrence, Batesville, Ark., Secretary.

ORAL AND DENTAL SURGERY.—Dr. John S. Marshall, Chicago, Ill., Chairman; Dr. A. E. Baldwin, Chicago, Ill., Secretary.

AMENDMENTS TO BY-LAWS.

BY DR. FOSTER PRATT, MICH.—Each Section shall nominate its Chairman and Secretary —all other nominations to be made, as now, by the nominating Committee.

BY DR. I. N. QUIMBY, N. J.—Create a new Section, to be known as the Section on Medical Jurisprudence.

WM. B. ATKINSON, M. D.,
PERMANENT SECRETARY.

1400 Pine st., S. W. cor. Broad, Philadelphia.

NOTES AND ITEMS.

"A chiel's amang you takin' notes,
And, faith, he'll prent 'em."

—The Omaha Medical College held its fifth annual commencement Thursday, March 25th, at the Opera House. Dr. Richard C. Moore, President of the College, in conferring the degree of Doctor of Medicine upon the young gentlemen, said among other good things:

"During the past twenty years I have read many addresses delivered by executive officers of medical colleges to graduating classes, and, so far as I remember, these speakers have viewed the duties and trials of the physician's life in a most sombre light. They delight to dwell upon the exposure to blizzards on trackless plains, our laborious task by night and by day—loss of sleep, weariness of body and anxiety of mind, and above all the deceit, treachery and general apathy displayed by the laity towards the meek, oppressed and unappreciated doctor. They tell of the difficulty encountered in collecting doctor's bills, and how from the want of a suitable remuneration the physician leads a life of genteel poverty—worked all night by his non-paying patrons and dunned all day by his indefatigable creditors. If such be a true picture of the life before you, it were better for you to cast aside the scalpel and medicine chest, seize a shovel and pick and seek employment on the street grade or in the sewer trench. Truly, if these things be true, he who enters the profession of medicine enlists in the "noble army of martyrs."

After an experience of over two score years I

can tell you honestly and candidly that there is but little truth in all of these doleful prognostications of these dyspeptic doctors. The skilled and conscientious physician is the happiest, most self-satisfied and best fed man in the community. If he attends to his business, if he be honest in his dealings with his fellow men, if he be endowed by nature with common sense and has acquired by study the fundamental principles of his profession, he can not only enjoy the social pleasures of cultivated society, but he can accumulate a sufficiency of this world's goods to render his declining years free from pecuniary embarassment, without arduous labor at the time of life when the desires of man are for freedom from business perplexities and physical fatigue.

If you doubt the correctness of my assertion, if you think I have "preached unto you fair words," and have concealed the thorns which thickly strew your pathway with a light covering of leaves, I ask you to look around and well consider the circumstances and surroundings of those who for many years have braved all these fancied horrors which render the physician's life a series of "woes unnumbered." Do you find these doctors a poor, down-trodden race of men whose lives are lives of misery, and whose ends are in pauper's graves? On the contrary, you see these men prosperous, they own houses and lands, and cattle and stocks—they live in good homes and are respected by their fellow men. They are well clothed, they drive good horses, and in their person they are fat and sleek, of happy countenance and jovial disposition.

The doctors are not, as a class, Cassius-like in their physical development. "They have not a lean and hungry look."

In closing, gentlemen, I am perfectly safe in making the assertion that nine out of ten of these men, whose very appearance indicates prosperity, started out in the world as you start out to-night, as the apostles started nineteen centuries ago, with no money in their pockets and no extra garments in their grip. I can but add, go thou and do likewise.

—A Quick Return to Life.—Physicians are not the only ones imposed upon. A friend has just related the following true story. One of the merchant princes of St. Louis sat in his office a short time since, listening to the sad story of a young girl. Her father, she said, was dead; the family was almost starving; would Mr. C. come with her and see. He went, found a miserable room, with several poorly clad old women crying over the body of the poor girl's father. Mr. C. was touched. He spoke words of comfort and gave them $60.

Soon after leaving, he met a warm hearted young philanthropist, Mr. M., and returned with him. Mr. M. added $30 to the generous donation.

After leaving the second time, Mr. C. suddenly thought that it would be well to give the family an order on an undertaker for the funeral expenses. Both the gentlemen returned, and found an unexpected result from their charity.

The old man was the center of an admiring circle of friends, drinking champagne. It is said that the two gentlemen were so disgusted that they made no effort to recover their money.

—Mr. Lawson Tait says "if you don't know what is the matter with a woman, cut her open and find out." Perhaps this may do for Mr. Tait, but not for the average surgeon. (Leartus Connor.) This reminds us of an old and garrulous female nurse of our acquaintance who, in talking learnedly of the advances made in abdominal surgery in the past few years, said: "Lawson Tai(n)t no use to try to stop these latter day doctors who go surgin' around, a rippin' up women in what they call their 'auntyseptic abominable surgery,' a takin' out o very tumors and every thing else they can lay their hands to, even takin' out a woman's woom and 'spayin'' her besides in what they call their batty operation."

—Amyl Nitrite as Antidote to Cocaine Intoxication.—According to the *Wiener Medicin. Blaetter*, the inhalation of amyl nitrite is a reliable and rational antidote to cocaine intoxication. Its action is physiologically demonstrated by the fact that the action of cocaine on the vessels is contractile and that of amyl nitrite dilative.

A case is reported, in which, for the purpose of painlessly extracting a tooth, six drops of a 20 per cent solution of muriate of cocaine were injected between the gums and the alveole. The amount of cocaine was therefore only 0.06 grams, but nevertheless, after the tooth had been removed, intoxication and insensibility set in. After several inhalations from a cloth upon which were put three drops of amyl nitrite, the senses returned. Complete recovery resulted only, however, after repeating the inhalations for a number of times.

This treatment is more strongly recommended from the fact, that the after-effects observed in poisoning by cocaine, such as loss of appetite, emesis, sleeplessness and weakness, are not apparent after the use of amyl nitrite.—*Rundschau-Leitmeritz.—Pharm. Rec.*

—Liniment for Chilblains.—Five parts iodide of potassium dissolve in eighty parts soap liniment, filter, and add five parts glycerin, five parts tincture of benzoin. Apply to the chilblains with a camel's hair brush. —*Dieterich in Pharm. Centralhalle*, 1886, p. 5.

—As an accommodation to those of our readers who expect to attend the American Medical Association, we give the following list of hotels:

Southern, Broadway and Walnut.
Lindell, Sixth and Washington Ave.
Laclede, Sixth and Chestnut.
Planters, Fourth and Pine.
Hotel Barnum, Sixth and Washington Ave.
Barnum's Hotel, Second and Walnut.
Hursts, Broadway and Chestnut.
Everett House, Fourth and Olive.
St. James, Broadway and Walnut.
Hotel Moser, Eighth and Pine.
Hotel Brown, Twelfth and Olive.
Hotel Rozier, Thirteenth and Olive.
Belvedere, Thirteenth and Washington Ave.
Beers' Grand Hotel, Olive and Grand Ave.

—Venice turpentine in chronic posterior gonorrhea is highly recommended by the editor of the *American Practitioner and News.* It should be given in large doses.

—The American Medical Association will meet Tuesday, May 4th, at 11 A. M., in the large hall of the Exposition Building. This hall is easily reached by street cars from any part of the city. We feel sure that no finer hall could be found for the purpose, and the Exposition building is large enough to accommodate all of the sections.

—We see reported in the March number of the "Obstetric Gazette" "a marvelous case of tubal pregnancy." *One ball* pregnancies are quite common.

—Chewing coffee is said to effectually remove the disagreeable taste following galvanism to the head and neck. (Southern Practitioner). It is also said to remove the taste following the application of Jersey lightning to the neck. Neck-st.

—We see an article in the *Practitioner* on "Feeding by the Rectum." We suppose this process a safe one to follow for diseased conditions dependent upon errors of diet; this plan of treatment, applied to the lesions, is very apt to cor-rectum.

—We see reported in the "College and Clinical Record" for March a report of "Cases of Laceration of the Cervix Uteri with Unique Symptoms." A laceration of the cervix uteri with Eunuch symptoms is certainly an oddity.

—The climax of error arising from mispronunciation of medical terms has been reached by a physician who reports that he had injected a pint of gruel per ANNUM.

—Over ninety per cent of imbeciles are said to be left-handed. A rather left-handed compliment to all who do not happen to be right-handed.

—At the St. Louis Medical Society Saturday night a number of pieces of broken wire were exhibited as having been removed from the vagina of a woman who had been under treatment for metro-peritonitis, caused by the malpractice of one of the professional abortionists in which this city abounds. The report indicated that the wretch had used a rusty iron wire as a means of rupturing the membranes, and having engaged the same in the tissues of the uterus, and being unable to remove it, he had cut off the protruding portion. The results in the courts have shown these miserable criminals to be essentially "wiry" in escaping proper punishment and the above gives further evidence in the same direction.

—At what moment does the rational soul enter the body? John J. Gaynor, M. D., of St. Johns, N. B., makes the above query, and says: That any physician can doubt the correct answer to the foregoing question, cannot be food for wonder, because it is seldom that an American medical man possesses sound religious views on medico-moral questions. His ideas on such points are contradictory; his conclusions but so many miscalculated dove-tails. An educational system, based on an atheistic formula, a common school system which sedulously excludes a religious atmosphere from the class-room, is at the root of this national evil. Children reason inferentially. At school they expect to be taught the essentials. If religious subjects be banished from the curriculum they infer that religion is a non-essential, an incubus, and that Suuday service is a very unnecessary pastime. The inevitable result is, they are differentists while yet in their teens, and manhood finds them materialists, without religious principles to restrain their natural tendencies to moral degeneration. Where religion is banished from the schools of a nation, high-minded morality, deep-seated conscientiousness is not a national characteristic, There, too, we find public and private honesty at a discount, the divorce courts in continual session, onanism a nation practice, private abortion a national plague, masturbation habitual in the schools, and neurasthenic dyspepsia common to all ages. To look for results other than these, from such preliminary training, would be as wise as to expect heat from the burned-out lights that set off a child's pageant."

In response to the query, we would observe that, in our judgment, the moment has not yet arrived when a rational soul has entered the body of Jno. J. Gaynor, of New Brunswick. The fool-killer has evidently not been around St. Johns recently.

—Dr. F. M. Hamlin, of Auburn, N. Y., says that semen is frequently emitted during death by

hanging. He does not state that it occurs on shipboard when seamen are hung at the yard-arm. We have always had a horror of witnessing hangings, not being willing to se-men die that way. Therefore we have no knowledge based upon observation.

—A fortnight since one of the most reliable pharmacists of our city has issued the following notice of rare drugs with brief description of doses. It commends itself.

Hypnone. (*Phenolmethylacetone.*) This chemical, as its name indicates, possesses intense hypnotic properties. It is regarded as superior to chloral hydrate and paraldehyde in the treatment of alcoholism, etc, etc.

M. Dujardin-Beaumetz states that, when given in a dose of from four to ten drops, the result is most excellent.

Lanolin. (*Woolfat.*) A new ointment base which is absorbed with remarkable readiness by the skin.

Prof. Liebreich states that a small quantity of an ointment representing one part of the mercuric chloride to 1000 of lanolin, produced a metallic taste in the mouth a few minutes after being rubbed into the scalp. Its advantages over vaseline and oleic acid are apparent.

Paraldehyde. This combination is used with marked success in many cases of alcoholism, insomnia, etc. Its use has been found of decided benefit where chloral hydrate and the usual hypnotics have failed. Dose from twenty to forty minims.

Sol. Ergotinine. (*Tanret's.*) A solution for hypodermic injection, to be used when rapid action is desired.

While injections of ergotine are very painful, those with Sol. Ergotinine (Tanret's) are no more painful than an injection of morphine. Three to five drops injected on the temples have given good results in retinal hemorrhages. The dose for general subcutaneous injection is from five to ten drops.

Antipyrine. (*Dr. Knorr's.*) The favor with which antipyrine was regarded by the German Pharmacopœia Commission, and the testimony of many physicians as to its value, bespeak for it a permanent place among remedial agents. Under certain circumstances it is a rival of quinia. Usually given in capsules in doses from five to ten grains.

Naphthol. Most beneficial results have attended the use of naphthol in the treatment of eczema, tetter, psoriasis, etc. An ointment containing twenty-five grains naphthol and six drams of lanoline is considered an excellent method for exhibition.

Urethan. (*Ethylether of Carbamic Acid.*) Von Jacksch, of the First Med. Clinic (Vienna), has employed it in various forms of insomnia. In the higher forms of phthisis, in the derangement of the valvular system, in fatty degeneration of the heart, with the most serious symptoms, it produced quiet and lasting sleep without any annoying reaction. Dose is eight to fifteen grains, in water.

Terebene and Terpine. Successfully employed by Prof. Lepine and Dr. Guelpa as expectorants and diuretics. The dose of terebene is from five to ten drops on sugar; that of terpine, three to five grains given in pill or capsule.

Terpinol. So highly spoken of by Prof. Dujardin-Beaumetz, as a pulmonary medicament, and particularly recommended in catarrhal affections of the bronchi.

Dose, one to two minims in capsules, dispensed according to Tanret's formula.

Pyridine. This new inhalant was first used by Prof. Sée, of Paris, in the treatment of asthma and dyspnea of the heart.

One or two repetitions of the inhalation are said to cure dyspnea.

Iodol. (*Tetraiodopyrol.*) This substance has been found to be a powerful antiseptic, having an anesthetic action, and promoting the granulation of wounds. It is soluble in alcohol, chloroform, ether, and slightly in olive oil. It contains nearly ninety per cent of iodine, and is free from the disagreeable odor which characterizes iodoform.

Ichthyol. (*Sulpho-Ichthyolate of Soda.*) Is recommended in various diseases of the skin, and in chronic rheumatism. It is also used in catarrh of the respiratory organs in the form of an inhalation.

An ointment composed of one part ichthyol to ten of lanolin has been employed with success.

—English statistics show that in London the average duration of life of the artisan is twenty-nine and one-half years, while of the well-to-do it is fifty-five years. The death-rate among the poor is about double that among the rich. Thus do stubborn facts dissipate the claims frequently made that the hard working poor, who are the victims of want, work and exposure, are not hardened successfully against the ravages of disease.

—Urethan seems to grow in favor as an excellent cerebral hypnotic and to possess advantages over the usual hypnotics in the fact that it is well borne, produces no unfavorable symptoms and causes physiological sleep. The minimum dose is 15 grains, but it may be increased to 60 grains without danger. It should be given in capsules or in watery solutions with some syrup to correct the taste.—(*Maryland Med. Jour.*)

—Mary had a little lamb—this is important, if true.

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REPORTS ON PROGRESS.

REPORT ON DISEASES OF CHILDREN.

BY I. N. LOVE, M. D.

No. I. MANDELSTAMM ON HISTOLOGICAL CHANGES OF THE SKIN IN SCARLATINA.—(*London Medical Record*, March, '86.)

No. II. SOMMA: SPLENIC ANEMIA IN CHILDREN.—(*Jahrb. f. Kinderh.* [from *Arch. di Patol, Inf.*], B. xxiii., H. 1 and 2.) *Archives of Pediatrics.*

No. III. HYOSCYAMINE IN CHOREA.—(*Boston Med. and Surg. Jour.*)

No. IV. Barbillon: THE EMPLOYMENT OF COCAINE IN WHOOPING COUGH.—(*Rev. Mens. des. Mal. de l' Enf.*, Aug.) *Archives of Pediatrics.*)

V. Sexton: TWO CASES OF NEGLECTED EAR DISEASE IN INFANTS RESULTING IN DEATH.—(*N. Y. Med. Journal.*)

HISTOLOGICAL CHANGES OF THE SKIN IN SCARLATINA.

In the *Meditz Obzr.*, Fasc xiv., 1885, p. 102, Dr. L. B. Mandelstamm, of Kazan, writes that he has microscopically examined numerous specimens of skin taken from eight bodies of children who died in the course of scarlatina from collapse, intercurrent diphtheritis, nephritis, etc. The results obtained may be summarized thus: 1. In scarlatina the skin undergoes important and deeply penetrating morbid changes (while Thomas and Bohn found only superficial cutaneous lesions). 2. The pathological process is of an inflammatory nature, the inflammation affecting both the horny layer and the true cutis; it manifests itself by considerable hyperemia, edema, and swelling of the connective tissue, as well as by infiltration of the skin with lymphoid elements. 3. The sweat-glands also undergo considerable alterations, their proper membranes being thickened, the epithelium of their ducts destroyed, the ducts filled up with homogeneous detritus, and the circumglandular tissue profusely infiltrated with leucocytes. 4. In none of the cases were either Tschanur's *verticillium candelabrum*, or any other micro-organisms found.

[Observers of severe cases of scarlatina cannot have failed to be impressed with the evidences that the pathological process in the skin was essentially inflammatory, with inflammation involving it in its entirety, both the layers of the skin and the glandular structures of the skin as well, and the microscopical report is confirmatory. This severe dermatitis accounts for the intensity of the fever and the profound disturbance of the nervous system, suggesting that many of the cases die from shock as in the case of traumatic burns involving extensive surfaces, occasioned by the irritation of the distal nerve filaments.

How strongly these pathological conditions of the skin point our treatment in the direction of cooling alkaline baths and gentle stimulants to the rest of the glandular system, and alcoholic stimulation at a later period.]

SPLENIC ANEMIA IN CHILDREN.

This work, by the lamented founder of the *Archives di Patologia Infantile*, was cut short by his recent death. He first classifies and briefly sketches the various forms of cachexia and anemia to which children are subject, including both the symptomatic and the essential. Next follows a series of thirteen cases which came under his personal observation, including the post mortem results in so far as

they were attainable. The table includes the histories of eleven boys and two girls, varying in age between three months and five years. The definition which is given to the disease is the following: Splenic anemia is a severe form of progressive anemia, which affects mainly the early period of childhood, and depends principally upon an hypertrophy of the spleen. Next follow in course the symptomatology, clinical history, and consequences of the disease process. As essential symptoms he mentions a whitish yellow discoloration of the skin, which is almost pathognomonic, and which corresponds in its variations with the progress and severity of the disease, also the enlargement of the spleen, which may be considerable, and finally the fever, which is continuous in the severe stages of the disease, remittent during periods of improvement, and at times may give place to apyrexia. The causes of the fever are not known. Occasional accompaniments of the disease are disturbances of digestion, swelling of the liver, disturbances of the circulatory apparatus, such as anemic murmurs and bleeding from the nose and skin. The central nervous organs, and those which preside over respiration and tissue change show no disturbance. The duration of the disease is always very protracted, the course being unfavorable in most cases, the patients either dying in a cachectic condition or from some intercurrent disease. In rare cases there are improvement and recovery.

[The above series of thirteen cases would be classed by us probably under the head of chronic malarial poisoning, giving further evidence, were it needed, that children are prone to the various expressions of malaria. The symptoms as given, "whitish yellow discoloration of the skin, enlargement of the spleen, and finally the fever, continuous during severe stages of the disease, remittent during periods of improvement, occasional disturbances of digestion, swelling of the liver, disturbances of circulatory apparatus, such as anemic murmurs and bleeding from the nose and skin," are all strongly suggestive of pernicious malaria, although the writer says "the causes of the fever are unknown." Charity covers a multitude of sins, and malaria includes a multitude of symptoms in this Mississippi valley of ours.]

Hyoscyamine in Chorea.

At the Pennsylvania Hospital recently, during Dr. Da Costa's clinic, a case was shown which possessed unusual features and illustrated the effects of a new remedy. A boy, eleven years of age, had been brought into the wards a short time before, suffering with chorea to such an extreme degree that he was completely helpless; he had no power to walk, could not feed himself, and could not even articulate words with sufficient distinctness to make his wants known. The muscular movements did not cease entirely at night. He was given hyoscyamine in doses of 1-200 grain, which was soon increased to 1-100 of a grain, given three times a day. This remedy had been used in tremor with such marked effect as to lead the lecturer to give it a trial in chorea. The effect was very marked. In four days the boy was out of bed and going about the ward, and he had steadily improved since. When shown, nearly three weeks after admission, the muscles were quite steady, and the boy could walk naturally, and he was ready to go home.

[In the *College and Clinical Record* for March, '86, reference is again made to this case, one month having elapsed since beginning of treatment. The improvement had been uninterrupted, and after prescribing a drachm of the elixir of the pyrophosphate of iron three times a day, the doctor dismissed the case from the hospital. This case presented the almost usual history of rheumatic origin, and also a systolic mitral murmur. A more violent case of chorea cannot be imagined, and it was in every way typical.

The application of a remedy to only one case is valuable only so far as it goes, but the result is encouraging. The usual treatment by tonics and Fowler's solution is slow, and relief is not usually secured under several weeks. The relationship that has been shown

to exist between rheumatism and chorea opens up a broad field for speculation. The plausible and ingenious theory has been suggested that there is an embolic process at work in the smaller blood vessels of the motor centers in the brain and spinal cord, small vegetations which are formed upon the valves being washed into the arteries supplying the motor tracts, especially the corpora striata, and the subsequent disturbances of nutrition, giving rise to the irregular, uncoordinated muscular movements. The writer has had a few cases of chorea, mild in character, which present the history of having been preceded by whooping-cough—the question presenting as to whether the violent paroxysms of coughing might not, after a time, result in some disturbance of the smaller blood-vessels of the motor centers in the brain and spinal cord, and a consequent disturbance of nutrition of the part, and thus be an exciting cause of the subsequent chorea.]

Cocaine in Whooping Cough.

Whatever theory may be adopted as to the origin of this disease, the fact is very evident that an exaggerated excitability of the pharyngeal mucous membrane plays an important part in producing the characteristic violent paroxysms of coughing by which the disease may be recognized. The remarkable results which have been obtained from the use of cocaine in the various painful and spasmodic affections suggested to Labric its use in whooping cough. The solution which is recommended consists of

℞—Water, grams, 10.
Cocaine hydrochlorate, grams 0.5

With this solution applications should be made with a brush upon the pharynx, isthmus of the larynx, the tonsil and base of the tongue, and a few drops should be allowed to fall within the larynx. Coughing usually follows a first application of this kind, but rarely a second one. No other treatment was used by the author upon the cases whose histories he details. The number of paroxysms was greatly diminished. Children who had been suffering with fifteen to twenty attacks in the twenty-four hours, would have only five, six, or ten on the same day or the day following that in which this treatment was begun. It was also observed that the drug did not lose its efficacy, after repeated applications, as is the case with some others, morphine for example. As to intensity it appeared that the paroxysms became less severe, but positive statements upon this point were not made, since they (the paroxysms) are wont to be unequal in force in almost all cases. Another important effect is the suppression of the reflex vomiting which is so common in this disease, and which may have quite an important bearing upon nutrition. The appetite was not unfavorably affected in the author's experience, an event which was feared on account of the anesthetic action of the drug. Indeed both eating and sleeping were accomplished under much more favorable conditions and with better results than under other modes of treatment. Whether the disease can be shortened materially by the use of cocaine, the author is unprepared to say on account of insufficiency of experience. He considers that a case is cured in which the paroxysms are absent for fifteen days. [I should hesitate very considerably before using a five per cent solution of cocaine upon a very extensive mucous surface in a very young child. In fact, I think, since seeing the reports of the ill effects of cocaine upon those peculiarly susceptible to it, I should be inclined not to use it at all upon children except upon a limited surface.]

Two Cases of Neglected Ear Disease in Infants which Resulted in death.

Grave and even fatal ear disease in early life is of much more frequent occurrence, probably, than is generally suspected. Inflammation of the middle ear tract may thus arise from head catarrh or other cause, and rapidly extend itself to the dura mater without the warning usually given by the occurrence of a discharge from the external auditory canal. Or the discharge, once estab-

lished, may suddenly cease because of the closure of the outlet through the drum-head, the secretions escaping via the Eustachian tube, which is proportionately very large in infancy. In the two cases reported, the first had ostitis media purulenta, polypus, facial paralysis, and pachy-meningitis, resulting in the death of an infant aged six months. The second case was a baby, aged seven months, who had otitis media purulenta, complicated with lymphadenoma of the neck, resulting in caries of the atrium, attic, antrum, tympanic, and auditory plates. Facial paralysis and purulent meningitis were followed by death. In Case I. little nervous irritability existed during the progress of the disease, although the ear was deeply attacked. With the exception of the last two or three weeks, the child suffered but little. To the retention of secretions, the formation of which was actively promoted by three week's persistent poulticing, and perhaps also to vigorous syringing, was doubtless largely due the gravity of the case. When the proportionately large area of the middle-ear tract in children is considered, one need not experience any surprise at the frequency of its invasion by disease. The tympanum, antrum and Eustachian tube thus comprise a very much exposed region, which occupies a dangerous proximity to the dura mater,—being separated by an extremely thin plate of bone, often imperfectly closed by osseous tissue, especially along the line of the petro-squamosal suture.

[No practitioner among diseases of children should consider himself properly equipped for his work unless he be supplied with the majority of instruments necessary to the proper examination of the throat, nose and ear, and a knowledge of how to use them, and experience in recognizing the majority of the diseases of those parts and a proper application of the remedies necessary to their relief. The above cases illustrate the dangers of meddlesome treatment or positive neglect. The fact should be impressed upon us that no irritation of any mucous surface should be neglected.]

ORIGINAL ARTICLES.

THE VALUE OF BINIODIDE OF MERCURY AS AN ANTISEPTIC IN OBSTETRICS.—SECOND PAPER.

BY EUGENE P. BERNARDY, M. D.

Read before the Obstetrical Society of Philadelphia, April 1, 1886.

At a meeting held June 4, 1885, I had the pleasure of reading before this Society a paper on the "Value of Biniodide of Mercury as an Antiseptic in Obstetrics." It was with hesitancy that I brought forward the claims of a new agent whose properties were at that time comparatively unknown. My only knowledge of its effects was that which I had derived from reading the experiments of Dr. Miquel, of France, and from my experience in three cases. To-night I again bring it to your notice, not as an unknown and untried antiseptic, but as one which has proved itself far superior to any of this class of preparations which I have thus far used in obstetric practice.

Since writing my first paper, I have learned that the biniodide of mercury has been used for the past year in preference to all other antiseptics at the Lariboisière Maternité of Paris, and the reports of the results obtained have likewise been highly favorable.

In a letter written by Dr. Thomas Linn from Paris, France, to the *Philadelphia Medical Times* (March 6, 1886), referring to the subject of antisepsis, the following passage occurs:

"Professor Panas has again something to say about antisepsis in eye surgery, principally in the treatment of cataract. The principles that guide him are first, to make use of an antiseptic that is sure and not irritating in its action. * * * Of all the antiseptics which he has used during the last two years, Dr. Panas has now definitely adopted a solution of the biniodide of mercury in 20 to 1,000 ($\frac{1}{20}$ to 1000?) (Evidently an error in proportion, as in the formula given it is 1-20 gram to the litre or 1 to 20,000.) Even in 40 to 1000 ($\frac{1}{40}$ to 1000?) this salt possesses a very strong anti-fermentative power, so that at double the strength nothing should resist it. * * * As to the other antiseptics used: boric acid is not irritating, but its antiseptic power is doubtful; the bichloride of mercury is more irritating than the biniodide, and its antiseptic power is not half so great."

These remarks fully substantiate the opin-

ion expressed in my former paper, that "I considered the biniodide of mercury far superior to the bichloride of mercury as an antiseptic." Of course, the cases of Dr. Panas belong to eye-surgery; but still the experiments made in both classes of cases led to the same conclusions.

I have here the history of eight other cases in which I found it necessary to use the biniodide. I have perhaps given a fuller detail of circumstances than may appear necessary. If I so erred, I have done it for the purpose of fully and clearly showing under what conditions the antiseptic was used.

It will be observed how readily offensive odors disappeared after only a few injections of the biniodide. In some of the cases the odor around the patient was perfectly horrible.

Case I.—On September 9, 1885, I was requested to attend Mrs. F., residing at Fifty-fifth and Vine Streets, in her fifth confinement Her previous labors had taken place in Belgium, and had always been terminated by the forceps, only two children being born alive. The first and third lyings-in were complicated by attacks of puerperal fever.

I arrived about 2 p. m. Found the patient had been in labor since the previous evening (8 p. m). On examination, found the os completely dilated, head presenting, while to the left I felt what seemed to be a prolapsed cord. The head seemed jammed between the promontory of the sacrum and the pubes. I ruptured the bag of waters so I could make a more decisive examination. Down came a loop of non-pulsating cord, which proved to be irreducible on account of the position of the head. The presentation was now made out to be a partial brow; an antero-posterior contraction existed; the promontory of the sacrum caught the side of the head and pinned it in position. I attempted to push the head up, but soon found it could not be done. I then attempted to produce flexion, and failed. Wallace's forcep's met with similar results: on account of the unnatural position of the head, the forceps constantly slipped. By this time I was completely exhausted. I gave one-half grain of morphia sulph., which would insure the patient needed rest, as her pains had all along been active.

On my return at 5 p. m., found the condition of things the same. Dr. A. E. Roussel, who came with me, etherized the patient. I again attempted to change the position of the head but failed. Pajot's long forceps were applied, but on the slightest traction they would slip. Tarnier's forceps seemed to grasp the head in a firmer manner, but they finally gave way. I had now worked continually for two hours. Seeing there was no other resource, I perforated the head, and within twenty minutes the child was extracted, which weighed, without the brains, fifteen and one-half pounds.

The patient was living on the second floor, in a room partitioned off the main room of a factory. The room was well located and freely supplied with fresh air; her husband was the nurse. The next day found the pulse 100, temperature 101°; extreme tenderness over the abdomen, especially over the region of the uterus. I washed out the uterus with the $^1/_{5000}$ solution of the biniodide of mercury, and left orders to have it done four times a day. The second visit found the patient free from pain; pulse 80, temperature 98$\frac{1}{8}$°. Convalescence went straight on as in a normal labor. On the fourth day there was considerable pain over the uterus. Towards evening, while washing out the vagina, a clot of blood about the size of a pigeon's egg was expelled, perfectly free from odor. The patient was up on the eighth day.

Case II.—Was called (October 5, 1885), to attend Mrs. Mc., age 30, third confinement. After an easy labor she was delivered of twins. The placenta came away naturally, and everthing went well up to the evening of the sixth day, when she became suddenly feverish and thirsty. The vaginal discharges became highly offensive; so much so that the windows had to be constantly kept opened. I immediately ordered injections (hot) of the $^1/_{4000}$ solution of the biniodide of mercury, asking the patient to note particularly when the odor disappeared. The first injection was followed by no effect; but on the second injection being made, the odor disappeared and remained so during convalescence. Discharged on the tenth day, well.

Case III.—On the morning of October 7, 1885, I was called to attend Mrs B., age 28, sixth confinement. About a month previous she had called at my office, and I had given my opinion that the child she was carrying was undoubtedly dead, and that she was likely to fall in labor at any time. On my arrival at the house, found, after examination, the os perfectly dilated and the bag of waters protruding between the vulva. Ruptured the bag of waters, and of all stenches I never smelled the like. The windows had to be thrown open. On pushing my examination, found a small hydrocephalic child descending. Labor was lingering, but finally the child (in a putrid condition) was expelled naturally. The placenta came away without any trouble.

I ordered the patient to be washed out with $^1/_{4000}$ solution of the biniodide of mercury four times a day. The first injection I administered myself. The second and third injections were followed by a slight stinging sensation, which I believe came from using water which was too hot; but to make certain I reduced the biniodide to the $^1/_{8000}$. Within two days the discharges became perfectly odorless. Each injection was followed by a feeling of ease and comfort. Discharged well on the ninth day.

Case IV.—On October 23, 1885, I was requested to attend Mrs. R. in her fourth confinement. Her third lying-in had been followed by a severe attack of puerperal fever. Upon examination found the os rigid, dilated about an inch; waters ruptured; vertex presentation, right occipito posterior position. Labor was lingering, os remaining somewhat rigid. About 9 P. M., finding that no headway had been made, and the patient by this time commenced showing symptoms of exhaustion, she was then fully etherized. I then applied Wallace's forceps and delivered her of a living child; no laceration. The next day she complained of pain over the region of the uterus. Ordered one eighth grain morphiæ sulph. in tablespoonful of camphor water every two hours. On my next visit found the tenderness had increased and the discharges from the vagina were becoming offensive. Ordered hot injections of the $^1/_{4000}$ solution biniodide of mercury. The following day the discharges were free from odor, the tenderness of the uterus abated. Discharged well on the fourteenth day.

Case V. On the morning of Nov. 3, 1885, I was asked to see Mrs. C—., first confinement. In this patient a year previously I had dilated a constricted os. Pregnancy was ushered in with marked kidney trouble; the urine yielded over thirty per cent of albumen. The patient was enormously swollen from dropsical effusion. The case from the start was not a promising one. On arriving at the house, found the patient very nervous; on examination, found the patient very nervous; on examinatian, found the os slightly rigid, but dilating, the waters ruptured; labor dragged on slowly with very little advance. Towards twelve, midnight, she suddenly went into a spasm; I immediately etherized her; by the time she was completely etherized Dr. Curtin whom I had sent for, arrived. On examination the os was found dilated, slightly rigid; the ether was pushed, with the effect of softening the os. I then applied Simpson's forceps; but they would not hold; Wallace's long forceps were applied, and in a short time the patient was delivered of a fine bouncing boy, no laceration.

The next visit found the patient doing well; pulse about 80, temperature normal. On my second visit the temperature was 102°, pulse 120-130, great fever, excessive tenderness of the uterus, the discharges very offensive. This sudden change was caused by the stupidity and incompetency of the nurse. The nurse being discharged, the mother of the patient undertook to nurse her. I immediately ordered hot injections of $^1/_{4000}$ solution of biniodide of mercury. The second injection the odor disappeared, but in this case did not remain away; I believe it was on account of not having a competent person to use the injections. Even as imperfectly as my orders were carried out, the biniodide held the odor under control, as the discharges were never as offensive as before its use. The patient was discharged well on the fifteenth day.

Case VI.—On November 11, 1885, I attended Mrs. L. in her fifth confinement; her last two confinements had been followed by puerperal fever. She had been delivered by an excellent and careful obstetrician. She dreaded the present confinement. On arrival found the child was born; in a short time the placenta came away. The next visit found the patient doing well, with the exception of some tenderness over the uterus. Being compelled to leave the city, I handed the case over to Dr. A. E. Roussel. On his first visit the patient was feverish, pulse 100, temperature 101°, discharges extremely offensive, excessive tenderness over the uterus. Internally, two grains of quinia and one-eighth grain morph. sulph. were ordered every three hours, and four times a day hot injections of the $^1/_{4000}$ solntion of biniodide of mercury. On his next visit found the patient better and the discharges free from odor. The patient was discharged on the ninth day well, feeling satisfied that the red pills, as she called the pellets of the biniodide, had saved her from another attack of puerperal fever.

Case VII.—Mrs. B., on December 28, 1885, miscarried about the the fifth month. On my arrival at the bedside, found the fetus had been expelled early during the day; the hemorrhage had been excessive; on examination, found shreds of placenta in the vagina, could detect a larger portion in the uterus; the patient declined any interference, stating that it would come away itself. The patient lived in a small ill-ventilated house, up a court, having for nurse the neighboring women. Gave freely of ergot, but without effect; within twenty-four hours the odor from the vaginal discharges was highly offensive; ordered

the $\frac{1}{4000}$ solution to be thrown up the vagina four times a day; a few injections readily dissipated the odor. On the fifth day the remaining portion of the placenta came away, free from odor. The patient was discharged well on the tenth day.

Case VIII.—On March 20, 1886, I was requested to attend Mrs. ——, wife of a physician. On my arrival at the house, found that labor-pains had set in about 4 A. M. Saturday morning; examination showed the os soft and dilating, waters broken, vertex presentation; labor continued throughout the day, and terminated naturally at 10:15 P. M.; no rupture of the perineum, but the mucous membrane of the vagina, just behind the posterior fourchette, yielded to the extent of half an inch; there was a tendency to post.partum hemorrhage, which was readily checked by compression and the administration of ergot. Next day: pulse 92, skin rather hot, natural flow from the vagina. On my next visit, Monday, March 22, pulse 130, temperature, 103½°, pain over the left side of the uterus; the uterus appeared flabby, not having well contracted. Same day at five o'clock, pulse 130, temperature 104°, discharges from the vagina highly offensive. Ordered the vagina to be washed out with a solution of carbolic acid (twenty per cent), ten grains sulphate of quinine morning and night, and twenty drops of tincture of digitalis every three hours. Midnight, same day, pulse irritable, quick and compressible; pulse 128, temperature 103°, the discharges from the vagina still offensive. Next morning, temperature and pulse the same; no change. Ordered the $^1/_{4000}$ solution of the biniodide of mercury to be thrown up the vagina, and if possible into the uterus; the injections were administered by the husband, and were thoroughly applied. On the 24th the condition of patient seemed improved; temperature 102°, pulse 115 to 120.

On the next morning the husband called at my house and informed me that his wife was in every way worse; the pulse was so irregular that he could not count it; temperature 104°; patient vomited several times; tendency to diarrhea. I asked Dr. Goodell to meet me in consultation. On arriving at the bedside of the patient, found her in a remarkably good condition; pulse, 100, temperature 102°; examination showed slight laceration of the mucous membrane in the vagina, uterus was contracted; treatment to be continued, with this addition if the case did not get along well: to use ten-grain vaginal suppositories of iodoform in conjunction with the biniodide injections. These suppositories were not used, as the case from this day did well, with this exception, that on the 27th of March, or the seventh day of confinement, she was allowed to get up and use the night vase. This was followed by a severe secondary hemorrhage, which was checked by hot water injection and ergot. From the time the biniodide was used the vaginal discharges were free from any offensive odor, and it seemed to have a decided influence on the temperature. The patient is still under treatment.

We have here eight cases added to the three of first paper, making in all eleven cases. This certainly gives us sufficient data to draw conclusions.

The deductions drawn from my early cases are fully sustained by my subsequent experience, and in my mind fully establish the value of the biniodide of mercury as an antiseptic in obstetric practice.

In my first series of experiments, to make my solution of the biniodide I took one and three-quarters grains of the salt, placed it in a mortar, and gradually broke up its particles, after which I slowly added one pint of boiling distilled water. This gave me a $^1/_{4000}$ solution. This took a long time, and often alcohol had to be added to dissolve the mercury.

Mr. J. F. Hayes, of St. George Pharmacy, conducted a series of experiments for the purpose of placing the biniodide in the hands of physicians in a convenient and readily-soluble form. To obtain this end, pellets were made of three different strengths. In making them sufficient iodide of potassium was added for the purpose, though not enough to cause any chemical change with the biniodide. The following is the method pursued in making the pellets. Both salts should be perfectly dry. The potasium iodide is first placed in a mortar which has been slightly warmed (just enough to take the chill out of it), and thoroughly powdered; the bidiode is then added and well mixed, but not rubbed hard, or the powder will be apt to cake. Care must be taken not to compress the pellets too hard; they keep just as well and are more easily dissolved when they are compressed just hard enough to make a firm pill. The following is the formula for the pellets:

$^1/_{4000}$ = mercuric iodide $3^{21}/_{25}$ grains, potassium iodide 2 grains. Mix as above, and compress in pellet.

$^1/_{8000}$ = mercuric iodide $1\ ^{23}/_{25}$ grains, potassium iodide $^3/_4$ grain. Mix as above, and compress in pellet.

$^1/_{15000}$ = mercuric iodide $1\ ^6/_{2500}$ grains, potassium iodide $^1/_2$ grain. Mix as above and compress in pellet.

In this form the preparation can easily be carried in the satchel. When required for use, one pellet is to be added to a quart of of hot water (110°). It dissolves easily and does not stain the clothing or bedding.

The strength which I generally use is the $^1/_{4000}$. Should it appear too strong, the pellet can be cut in half or twice as much water used, thus giving a $^1/_{8000}$ strength.

221 South Seventeenth Street, Philadelphia, April 1, 1886.

SELECTION.

LETTSOMIAN LECTURES ON SOME MOOT POINTS IN THE NATURAL HISTORY OF SYPHILIS.

Delivered before the Medical Society of London, 1886.

BY JONATHAN HUTCHINSON, F. R. S.

Emeritus Professor of Surgery to the London Hospital College.

(British Medical Journal.)

LECTURE II.—THE RELATIONSHIP OF TERTIARIES TO SECONDARIES.—NERVE-AFFECTIONS, WHICH ARE SYMMETRICAL, CENTRAL, AND AGGRESSIVE.—THE POSITION OF RUPIA, AND OF PSORIASIS PALMARIS.—SYPHILITIC LUPUS.—PERIOSTITIS.—OTHER MALADIES OFTEN CONSIDERED TERTIARY REALLY OF EARLY OCCURRENCE.

In our former lecture we glanced at some questions which are still matters of debate in reference to the primary phenomena of syphilis, and I now propose to take up certain similar topics which concern its later stages. First and most important amongst these, we shall have to consider the relationship between what are known as the secondary phenomena and those which come later and are named tertiary. The older doctrines taught that there exists between these an essential difference of kind and of tendency, and that certain forms of disease can be named as "secondary," and certain others as "tertiary." Thus it has been supposed that the viscera and nervous system suffer in the tertiary period only, and that there is at this latter stage a general tendency to ulceration, and to extension deeply, which is not observed in the secondary one. What has been named a "gumma" has been supposed to be characteristic of the tertiary stage. Opinions have, however, been gradually changing respecting several, if not all, of these points. Cases have been recognized in which the various conditions referred to were met with so early in the disease, and in such close combinations with each other, that the only explanation seemed to be that the disease had run an unusually rapid course, and had reached its last stage before it had well finished its first. By degrees we are, however, arriving at another interpretation of such facts, and are beginning to see that the old classifications of the phenomena cannot hold their ground, and that we must seek for other characters by which to distinguish the secondary and tertiary stages. Not, indeed, that the old observations were wholly wrong; this would be exceedingly improbable, and its mere assertion would very properly lead to much mistrust of any modern conclusion which might seek to supplant them. Speaking loosely and in a general way, it is still true that visceral affections, gummata, deep ulceration, and periostitis, belong to the tertiary stage; it is only when these facts are brought forward as if they were constant and sufficient in themselves to form the basis of classification, that we are compelled to make protest.

Permit me to illustrate what I mean by the citation of a case. A young mam, aged 21, too young, let me note, for it to be likely that he had ever had syphilis before, was admitted into the London Hospital under my colleague, Dr. Langdon Down. He had still the remains of a hard chancre on him, and he was covered by a papular rash, which was ulcerating in places. The date which he assigned to the beginning of the affection was only four months previously. He died suddenly and unexpectedly. The necropsy showed gummata in both testicles, in the spleen, and in the heart, death having been caused by the softening and ulceration of the latter.

Here, then, we have conditions, which are usually counted tertiary, occurring before the primary ones have had time to disappear. If the case were one without companions, we might put it aside; but it is not so, the fact being that it is very exceptional only in the circumstance that the patient died, and thus afforded an opportunity for the demonstration of conditions which are probably present but unsuspected in many others.

I have myself known another case in which a young man, not fairly over the secondary state of syphilis, died of diffuse gumma of the heart. Large gummata in viscera are common enough in syphilitic infants, who at the same time, still present the ordinary

forms of secondary eruption. In the adult it is an every-day occurrence to observe symptoms implying periostitis, transitory disease of various parts of the nervous system, or even visceral affections, during the secondary period. It is not so much in the special location, or even the character of the morbid changes, as in their tendencies that we observe a difference between them and the lesions of the tertiary stage. The gummata of the early period are small and numerous; those of the later one are large and often few in number, or even single. Those of the early period easily disappear, either spontaneously or under mild specific treatment, whilst those of the tertiary stage persist, and grow indefinitely unless adequately met. Hence it may easily happen that the indications of internal disease in the secondary stage may often pass unnoticed, whilst those of the latter one rarely escape discovery. We may argue this point in more detail in reference to two special symptoms which, as they occur in parts open to inspection, are not liable to the fallacy just mentioned. I refer to rupia and periostitis.

The Position of Rupia and of Psoriasis Palmaris.—It has been customary to claim rupia as definitely a tertiary symptom. This, I contend, is quite a mistake. It almost invariably begins within a year of the chancre, and often much earlier; and, if met with later, it is almost always in cases in which it has resisted treatment and lasted for long. The mistake as to its proper position has arisen from a too hasty acceptance of the dogma, that everything that ulcerates is necessarily tertiary. But such is not the fact; ulceration, even to the extent of phagedena may happen not only in the secondary, but even in the primary stage.

It would be beyond the scope of the present lecture, if I were to attempt to produce proof by the citation of cases that rupia does really occur in the early periods of syphilis. Such proofs could readily be brought forward, did time permit, but I must leave it for clinical observers to test the assertion for themselves. It is needful, however, to say a few words as to what is meant by rupia, and as to the conditions under which, chiefly, this peculiar and rare form of eruption does occur. We must not confound, under the name of rupia, all conditions attended by ulceration and scab; for this would allow the inclusion of certain lupoid affections which do certainly, as a rule, come much later. By rupia, we mean an eruption consisting of many distinct sores, which begin as bullæ and tend to the production of conical crusts. There is ulceration of the skin beneath, but it is seldom deep, and there is a certain amount of infiltration, but never much. The face and limbs are its usual sites. Its sores are always round, unless two or more have become confluent, and it leaves round scars. The very fact that it is usually symmetrical, sufficiently denotes its position as one of the secondary phenomena; but, although I claim that such is its place, it is to be clearly admitted that it is never one of the earliest. Usually, I think, the ulcerating forms of eruption, of which rupia is one and ecthyma another, occur after a certain amount of treatment, and after the first eruptions, which were erythematous or popular, have quite disappeared. Often there has been an interval of good health, and all treatment has been laid aside. Sometimes, however, a papular eruption is converted into an ulcerating or rupial one apparently by too vigorous treatment. Sometimes the rupia happens apparently as a consequence of neglect of treatment. Very often, a peculiarity in the diathesis of the patient has been implsed, by the fact that his chancre inflamed and ulcerated. Thus a scar-leaving eruption often follows a scar-leaving chancre.

The belief that the occurrence of rupia, or other ulcerating eruption, makes it necessary to avoid mercury and use only iodide of potassium, is, I think, fast losing its hold. Although, unquestionably, mercury does sometimes disagree in such cases, we know that it is chiefly a question of dose and mode of use, and that when these are well arranged it will almost always cure.

Rupia, as a rule, is not serpiginous; it does not creep at its edges; its crusts, when typical, are always circular. The shilling-like scars which it leaves are well known. There is, however, another and an allied condition, possibly sometimes a direct consequence, in which the morbid process is allied to lupus. In this the round form of the sore is lost, for the inflammation spreads at its edges by local infection, and allows healing in the centre. Thus a horseshoe form is assumed; or it may be that large irregular patches, with crescentic edges become involved. This disease may last indefinitely unless carefully treated, and often does extend over several years. It seldom, I think, originates *de novo*, as a genuine tertiary, years after the secondary symptoms have all disappeared, but is more commonly a sort of continuation of an imperfectly treated eruption of early date; it ceases to be a generalized eruption, is no longer arranged with any tendency to symmetry, and it is often more amenable to local than to internal

treatment. In all these features it denotes a sort of transition position.

Syphilitic Lupus.—It may here be convenient to discuss briefly the moot question as to whether there is such a disease as syphilitic lupus. Our answer to such question must depend upon the definition of our terms. That there are syphilitic inflammations of the skin which affect by preference the parts most frequently attacked by lupus, which spread at their edges just as lupus does, which, like it, leave scars; and which, even to those most experienced, present throughout features which render it very difficult to decide whether the condition is common lupus or due to syphilis, every one will admit. These diseases, of which we have as great a variety as we have of lupns itself, are to be cured by specific treatment; and in this they differ *toto celo* from common lupus. I fail to see that any clinical convenience is served by refusing to call these affections syphilitic lupus, using the term in the same sense that we speak of syphilitic psoriasis and syphilitic lichen. They are the syphilitic imitatious of the typical malady. The most acute and rapidly destructive of these is what has been termed erosive lupus, an almost phagedenic affection, which usually attacks the nose, and which is more frequently seen in inherited than in acquired syphilis. Good examples of it are, however, occasionally seen in the acquired disease, and always, I think, at a distance of more than a year, and usually of several, after the primary disease. From this acute affection downwards, we have the most varying degrees of severity in syphilitic lupus. As a rule, all lupoid affections rank as tertiary; and it would scarcely be too bold a generalization to say that all the tertiary affections of the skin are of a lupoid character. I mean by this that all are serpiginous, all unsymmetrically arranged, and that all leave scars. We have done with roseola, psoriasis, lichen, and even with rupia; and if the skin at this stage suffers at all, it will form a tubercular affection which creeps at its edges, persists indefinitely unless cured by treatment, and leaves scars. It is, in fact, a serpiginous gumma of the skin. This generalization is a most important one, as giving us a clue to the character of the affections of the deeper parts (hidden from view) which occur in this stage. They, like lupus, may be serpiginous, the cell-growth tending to infect the edge of the patch, and thus cause persistent spreading. Such a pathological hypothesis would well explain what we witness in such affections as ophthalmoplegia externa, in which we find indications of slowly spreading central disorganization, and corresponding external paralysis, the process often going on for years. The same remark applies to locomotor ataxy, if it be admitted that it is sometimes of specific origin.

Periostitis.—Having thus discussed the relationship of the different forms of skin disease to the different stages of syphilis, we must next try how matters stand as regards the bones. It will be asked, are not all nodes necessarily tertiary? If by a node we mean a local periosteal swelling, most certainly they are not. Periostitis is a very common phenomenon in the secondary stage, as denoted by what is called syphilitic rheumatism, osteocopic pains, and sometimes by local swellings of considerable size. In some cases, the periosteal pains of secondary syphilis are very severe indeed, and now and then we observe swellings on the skull or tibiæ which might rival those of the later stages. It is quite true that the periostitis of the tertiary period differs much in its tendencies from that of the secondary; it is more lasting, more apt, on the one hand, to end in softening, and on the other, in permanent sclerosis. It is in these differences of tendency, however, that we distinguish the two in the different stages; not in the tissue which is attacked. Permit me to note that the differing tendency of periostitis is very marked, also, in congenital syphilis. Young infants, whilst suffering from secondary eruptions, often suffer, also, from multiple periostitis on the skull-bones, and also on those of the limbs. It is, however, at this stage, for the most part, a transitory and easily curable process; whereas, eight or ten years later, another form will be expected which will produce much more conspicuous and more lasting lesions.

Other Maladies which are Considered Tertiary, often of Early Occurrence.—I might mention many other lesions of different tissues which usually have been counted as tertiary, but which as a matter of fact occur most frequently in the earlier periods. Thus, for instance, the nervous system is very often attacked within the first year, or even within the first six or eight months. Neuro-retinitis, a condition which is easily demonstrable by the ophthalmoscope, almost always occurs early. It is to be distinguished, I need hardly say, from the neuritis which is restricted to the papilla, and attended by what is known as the choked disk, and which is usually symptomatic of an intracranial gumma. Fournier has described lesions of sensation attended with defective perception of pain, which are, he says, very common in the secondary stage. Attacks of paraplegia and the cerebral paraly-

ses, which result from disease of arteries, also occur, I am sure, much earlier in the course of the disease than they are usually supposed to, and often well within the secondary stage. When that terrible form of inflammation of the internal ear, which leads to absolute deafness occurs, it is always about in the same stage of the malady as the inflammation of the eye; that is, in the second half of the first year. Less severe and more transitory attacks affecting the ear and attended by deafness and giddiness, resembling what is known as Meniére's disease, are also not very uncommon at this stage. Although the results of choroiditis disseminata are often not recognized until a later period, yet the primary attack almost always occurs within the first eighteen months; and it sometimes happens to the ophthalmic surgeon to be able to demonstrate at this stage, with beautiful distinctness, the existence of multiple gummata in this structure. From such demonstrations we may infer the kind of changes which may happen at the same stage in other tissues of the same order; such, for instance, as the pia mater.

Before leaving this topic, we may suitably recollect that many of the diseases which I have just mentioned would probably occur much earlier in the evolution of constitutional syphilis, and would be recognized much more definitely as belonging to the secondary stage, were it not for the almost constant employment of antidotal specifics. The effect of mercury, when it does not absolutely cure, is usually to delay and retard. In many cases the patient remains free from symptoms so long as he continues the drug, but experiences an outbreak within a few weeks or a few months after suspending its use. It seems to be quite easy, if mercury be begun on account of the primary sore, and well antecedent to the appearance of any secondary symptoms to entirely prevent the development of the the latter. I have witnessed this prevention over and over again; and it appears to be the rule, rather than the exception, that no secondaries should appear. The immunity, however, not unfrequently lasts only so long as the drug is continued, and within a few weeks after its omission, even when the course has been one of six or eight months, a rash on the skin will show itself. Thus it may easily be the fact that inflammations of the eye and ear, and of other parts of the nervous system, which occur, in the natural course of things, later than skin affections, may be yet further retarded by treatment, and may sometimes appear almost to encroach upon the tertiary period, although definitely belonging to the secondary.

If what I have said has carried with it the lesson which has been intended, I think we shall have arrived at a clear perception, that it is quite impossible to classify secondary and tertiary symptoms into two groups, with reference to the tissues which are attacked. These words are to be used rather as applicable to distinct periods of time; and we must thoroughly understand that there is no lesion whatever which may not be attacked during the secondary stage. I really cannot think of any definite exceptions to this sweeping statement. Many things are omitted in the tertiary stage which are common in the secondary; but few, indeed, are the conditions met witn in the tertiary which have not found their representatives in its predecessor. This fact supplies, I think, important evidence in favor of the belief that the tertiary symptoms stand in relation to the secondary, often in the place of relapses; that is, of a recrudescence of morbid process in tissues which had been damaged at a former period. Everything that is tertiary is local, in a sense which is not true of any of the secondary phenomena. Thus we find that the tendency to symmetry, so definite and universal in the early stages, diminishes as we advance in the chronology of the attack. With the exception of certain maladies affecting the nervous system, concerning which there is as yet much debate as to whether they are syphilitic or not, we may say that nothing in the tertiary stage is ever bilateral, excepting by accident. For clinical convenience, it may seem well to recognize an intermediate period, during which, in many patients, there is an absolute abeyance of all symptoms, and which may last over several, or even many years. If symptoms should occur after a prolonged period of immunity, they are always definitely of the tertiary class, and almost always non-symmetrical, and if on external parts, they are remarkably amenable to local treatment only. In many persons, however, this intermediate period is one of absolute immunity, bnt is occupied by the display of conditions which partake in character of both stages. We may perhaps, for convenience sake, say arbitrarily that the secondary stage ends with the second year, and that about this period the disease ceases to be capable of spreading by contagion, or of being transmitted to offspring. In very many patients the secondary stage, as defined by these criteria, ends with the end of the first year, whilst, in a few exceptional cases, it may be protracted beyond the end of the second.

Perhaps I could not adduce better illustrations of the difference between the secondary

and tertiary affections of the same parts, than by reminding you of what happens in the case of the palm of the hand and of the tongue. In the secondary stage, and simultaneously with the general eruption of the skin, the palm of the hand often suffers from psoriasis. It is always both palms which are affected, not one only; and there are usually in each a number of separate patches, which, although of various sizes, are alike in being circular, and covered with broken-up epidermis. Most obviously, such symmetrical and multiple affections are due to blood-infection. This form of secondary palmar psoriasis is generally cured very easily by the use of mercury; it vanishes when the rest of the skin-eruption leaves, and it seldom returns in the same form. If, at a later period, the palm be affected, it will probably be by a single patch of considerable size, which has a spreading edge, and which affects one hand only. The hand most likely to be attacked is that which the patient irritates most, whether by the use of tools in his employment, or by carrying an umbrella or walking stick. The later the affection occurs, the more definite will be the characters just mentioned. The condition may be cured by the internal use of mercury, but will often be found to yield more quickly to the local employment either of that drug or of iodoform. Almost precisely similar statements are true as regards the tongue; it is liable, in the secondary stage, to an eruption over its whole surface and sides, of scattered spots, which are part and parcel of the general eruption. These pass away under constitutional treatment, but are very likely to be followed, at a later period, under the influence of local irritation, such as that produced by sharp teeth, hot tobacco-smoke, or by various articles of food, by the development of persisting sores or abrasions, usually not symmetrical, and which are more definitely under the influence of local than of internal treatment.

All these facts, I may repeat, favor that view of tertiary symptoms which regards them as being, for the most part, the sequelæ and consequences of the secondary ones, and which assigns to them, as a rule, certain more or less definite exciting causes, for the help of which there is no necessity in the secondary period. The exciting causes to which reference has just been made are not necessarily local ones, although most frequently such. A patient who has had syphilis is to be regarded as having all his tissues damaged, their power to repair interfered with, and their liability to take on processes of chronic inflammation, ending in atrophy or sclerosis, definitely increased. He is less well fitted for the wear of life in every sense. If his tongue or his palm be subjected to local irritation, they will inflame; and the inflammation being once begun, will very likely persist and become chronic. So also with his nervous system. If he be exposed to great heat, he is more liable to sunstroke than others. If he be subjected to mental strain or excitement, he may get general paralysis of the insane; or if his spinal cord be exposed to unusual fatigue, locomotor ataxy may be the result. It is in this way that I would try to explain the frequently occurring apparent connection between syphilis and some of these obscure and aggressive forms of disease of the nervous system. The nature of that connection, nay, even the fact of its existence, are certainly amongst the moot points in the natural history of syphilis. Everyone admits that locomotor ataxy, for instance, is very frequently met with in those who have been the subjects of syphilis. Those who are specialists in the latter disease see so much of it in this connection, that they almost invariably arrive at the conclusion that it most certainly occupies a very important place amongst its causes. At the head of those holding this belief is M. Alfred Fournier, of Paris; and, unless I am misinformed, Professor Charcot holds a similar opinion with scarcely less confidence. Yet in England we find observers, such as Dr. Buzzard and Dr. Vivian Poore, expressing, after careful consideration of the facts, great doubts as to there being any bond of association whatever. Dr. Buzzard, in particular, doubts the fact upon which Fournier and Charcot have built with some confidence—the beneficial result of specific treatment.

For myself, I may confess that the number of cases of apparent connection which I have seen has been so great, and the seeming influence of specific treatment so frequently marked, that I cannot resist the conclusion that a previous attack of syphilis plays, at any rate, a very important part as a predisposing cause. There is a cognate malady, ophthalmoplegia externa, in which central changes, at first inflammatory and then atrophic, cause paralysts of the external muscles of both eyeballs. Now, it curiously happens respecting this affection, that in almost all the cases on record there was a clear history of preceding syphilis, and, in some, very definite results were obtained from specifics. The paralysis of single muscles of the eye, or as single nerves, as for instance, the third or sixth, which are of frequent occurrence, and which not infrequently precede ataxy, in former days, before this symtomatic significance

came to be observed, used invariably to be considered as syphilitic, and were as constantly cured by iodide of potassium. It is difficult to avoid the conclusion that the more widespread changes which produce ataxy, and of which these are only a part, are due to the same cause. I have no wish, however, as already stated, to claim for syphilis in respect to any of these a more important share than that of a predisponent.

(TO BE CONTINUED.)

EDITORIAL NOTES.

PILOCARPINE IN FISH-POISONING.—Dr. K. Danilevsky, of Jeleznovodsk, Terskaia Government, records, in the *Vratch* (*British Medical Journal*) a case of poisoning by salt sturgeon, treated and cured by pilocarpine. The patient, a letter-carrier, began to vomit about four hours after eating. When first seen on the next morning he looked pale, haggard, extremely prostrated, his tongue and lips being quite dry, leathery (sole-like); saliva was entirely absent, in spite of the patient making incessant masticatory movements; the eyelids were swollen, and half closed; the pupils were dilated. The abdomen was tense, the skin dry, the pulse weak, easily compressible and slightly quickened; respiration, deglutition and speech were embarrassed in consequence of extreme dryness of the mucous membranes (in spite of constant drinking water and milk); the urine and excrements were absent from the outset. On the third day, all the symptoms decidedly grew worse, only a teaspoonful of highly concentrated urine being voided; the bowels were moved only after repeated enemata. During the fourth and fifth days, the prostration became dangerous, and there appeared intense anxiety, coldness of the limbs, and aphthous patches on the soft palate. At this stage to alleviate the patient's subjective feelings, pilocarpine, a fourth of a grain a day, in a solution, was resorted to (only stimulants and warming bottles having been previously used). On the sixth day, a striking change followed. The patient became stronger, cheerful, able to speak loudly; the aphthæ disappeared; the saliva flowed freely; the pulse improved, the respiration became easy, and the daily amount of urine was increased. On the ninth day the patient was able to sit up. The general weakness, however, lasted for another twelve days, the patient still looking "as if he were recovering from a prolonged severe disease.' Dr. Danilevsky thinks that it is worth while to give pilocarpine a fair trial in cases of fish poisoning.

HYDROPHOBIA IN PARIS.—There were, according to Dr. DuJardin-Beaumetz, (*British Medical Journal*) nineteen deaths from hydrophobia in Paris last year, a number higher than in previous years; and the number of stray dogs destroyed was also higher, namely, 5,060. Of the 19 persons who died, 15 were males and 4 females. The youngest was a little girl aged 5½ years, the oldest a man aged 63. The time of incubation varied from 19 months (in the case of a young man aged 26) to 29 days (a child aged 11). In only one case was the time of the bite unknown. Excluding that, and the exceptional case of 19 months, an average of about two months is arrived at for the time of incubation. As to duration of the disease, the extreme limits were 1 day and 8 days, average 3½ days. In no case were the lower limbs bitten. In 12 cases out of 18, the upper members were bitten, especially the hand (9 times out of 12), the wrist 2. In the 6 other cases. it was the face (5 times) and the skull (1) that were attacked. Lastly, in 17 cases out of the 18, the bite was that of a dog; in the remaining 1, it was that of a cat.

ASCITES IN CIRRHOSIS OF THE LIVER.—Dr. Jacoby, of Bromberg, endorses Professor Ewald's recommendation of early puncture of ascites, and in cases of cirrhosis of the liver as the cause administers pilocarpine. He gives ten drops three times a day of a 0.1–10.0 solution of the muriate of pilocarpine.

MENTHOL IN NASAL REFLEX NEUROSES.—Dr. Rosenberg, of Berlin, recommends the application of gelatine bougies containing one sixth grain of menthol for the relief of reflex neuroses due to nasal disease.

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OUR WEATHER PREDICTION.

Some time since the REVIEW expressed a doubt as to the outcome of the plans for the reception of the American Medical Association. At that time (April 3) it seemed that little had been done and "a cold wave" was prophesied about May 4. We received some criticism for our plain speaking, but are satisfied with the result.

Whether it is owing to our determination to represent matters each week as they exist, or whether it is due to the earnest efforts of a committee of business men since appointed, or to both causes combined, it matters not. We are happy to say that a "warm current" has set in and affairs are not so blue as they were. Already the delegates are securing rooms at the different hotels; the daily papers are calling the attention of citizens to the convention, and the finance committee is working hard to secure a sum beyond that estimated by the REVIEW as the amount the committee would raise. We hope nothing may now arise to prevent a harmonious meeting.

From the list of hotels published in our last issue, delegates can easily choose. We repeat the statement that each member of the Press Association will do all in his power to provide for the comfort of visitors and the convenience of our readers.

THE "CONGRESS."

The following card has been widely circulated, signed by six prominent members of the American Medical Association:

DEAR DOCTOR:

It is believed that a concerted opposition has been formed to the "Preliminary Organization" of the "9th International Medical Congress," and that proceedings will be attempted at St. Louis, which, if successful, may jeopardize the work of this great Scientific Assembly.

It is hoped that all friends of the Congress will feel it their duty to attend the meeting of the "American Medical Association" on Tuesday, May 4, 1886, and sustain its patriotic efforts to make good the invitation to meet in Washington in 1887, given by the Medical Profession of the United States, to the 8th International Medical Congress at Copenhagen, and accepted by that Congress."

This is all right, gentlemen, carry your point if possible. Beyond all else it is right that the American Medical Association should be sustained; but the fact is that if the "concerted opposition" should have a majority of votes then *it* is the American Association. If the Association had the right to make changes in the plans for the organization of the Congress last year, it has the same rights this year.

We do not think there is much danger of jeopardizing the work, and cannot think that the energetic New Yorkers and persevering Philadelphians will have force enough to greatly change the present condition of affairs, but if they have, if by anticipating their opponents and by good generalship they have a majority of delegates, and these delegates are accepted, then it is the duty, as in any event, of the members of the Association *to abide the result.* Let strife about the "Congress" cease with this meeting of the Association, and let the only struggle thereafter be for supremacy in carrying forward with all honesty of purpose, in harmony and good faith, the proper work of the Congress.

"MEDICAL WONDERS OF THE WEST."

The *N. Y. Medical Record* of April 10th under this caption has the following:

"A recent number of a Western contemporary which has fallen into our hands convinces us that in the field of therapeutics the world follows the theory of the Rev. Jasper and "do move." In fact, as we look over the pages of this periodical we feel that our

Eastern therapeutics are sadly behind the times. A few illustrations of Western progress may be in order.

To cure tape-worm, the sovereign remedy is a full tablespoonful of gunpowder, followed in ten hours by a dose of castor-oil. The mode of action is not given. The powder may go off and the parasite be shattered—blasted out, as it were—or it may be simply stunned by the concussion and swept out by the relentless oleum ric. before it has recovered from the shock. The writer of the article further tells us that he or she (for the name suggests one of the fair sex) has "added shekels to my (his or her) bank account, and a little 'good report' to the professional side of the scale as a successful practitioner, and especially for good luck in the treatment of Bright's disease." Main reliance is placed upon an infusion of orange seeds, alternated with oil of turpentine. The former is believed to have a specific action over the vaso-motor centers and to equalize the "venal" circulation.

For scabies the following ointment is recommended: "Acid nit. (stronger) 2 ounces; mercury 1 ounce; adeps, ½ pound." The writer frankly admits that he has known "one or two persons to be paralyzed by using too copiously." This affliction of the patient, instead of the parasite, is truly a disagreeable circumstance.

The localization of the centers for conscious activity is still sub judice. An account is given of a man who was "felling a tree, and it lodged; when attempting to dislodge the tree it fell and struck him about the pubis, knocking him senseless." There is in this sad recital a suggestive hint for our neurologists.

A very interesting discussion ensues as to whether negroes were ever killed by lightning, etc.

We might quote further, but we desist. In view of the foregoing facts, we almost feel that our own discussion of medical topics is provincial."

In one sense the "*Record*" is something worse than "provincial". It cites the above nonsense and attaches the label or libel, "a few illustrations of Western progress." If somebody,—we have our opinion of the man who would do it—were to take up the frauds and quacks and ignorant pretenders in New York alone, and designate their foolishness as "medical progress in the East," the *Record* would be highly indignant.

If the purpose of the above editorial is to give its readers in the "East" and in Europe the impression that such stuff belongs to the West more than to the East, it is inadequate. Where do we find greater imposters, and denser ignorance among so-called doctors than in that same city of New York where almost every street has its medical college, clinic, policlinic-institute, or something else. We will venture the assertion that the worst old black Tom cat voudoo doctor in the West or South, is not more of a "medical wonder" to unprejudiced minds abroad than are the recent actions of some of our "contemporaries" from the sea-board.

Medical Charity.

The question of medical charities in large cities is becoming a very serious one to the profession. Efforts on the part of the profession are constantly being made to increase its numerical strength, and many of these efforts result in the education of the masses in the direction of expecting and receiving gratuitous treatment; the condition of affairs may well be compared to the burning of a candle at both ends. In London public meetings are being held by the profession with a view to remedy the evil. In the eastern cities the condition is much the same; and apropos to the subject, we observe the following in Leonard's *Med. Monthly*:

"Medical charity, as now conducted, is attracting much attention in Europe as well as in this country. The conviction is becoming quite general that the present system—if system it may be called—is a pauperizing agency of huge proportions. That which destroys self-respect and self-reliance soon leads to degradation.

In the city of Detroit the number receiving public medical aid (charity) has increased (*Detroit Post*) over 17-fold during the last four years. Many of these are abundantly able to pay, but claim that the service is free and they might as well enjoy it, thus showing a remarkable lack of self-respect. This idea once established soon extends to all departments of life."

In St. Louis the rapid multiplication of free dispensaries, polyclinics, etc., is creating anxiety on the part of many members of the medical profession, and already the local pharmacists have held meetings to consider the evil effects upon their business. Is their any other guild in this weary, wicked world of ours that is constantly engaged in "giving away" to others a knowledge of its calling, and teaching its patrons to expect its service for nothing?

The Coming Meeting of Our National Medical Association.

The profession in St. Louis trusts and believes the meeting commencing Tuesday, May 4, will be the largest on record. Brother doctors, we have a city we are proud of. Our local profession is an earnest, energetic, warm-hearted body of medical workers, anxious to grasp the hand of every other earnest worker in the profession of America. We bespeak for all who come a hearty welcome, great professional benefit and a generous, good time. Our local committee of arrangements was a little slow in waking up, and the Review took occasion in a kindly spirit to jog it. The result is,what we desired, work all along the line. Now, if the visiting members come with their pockets filled with good "meaty" papers all will be well, and the meeting of '86 will be a pronounced success.

Prompt Reports.

The advantage to the St. Louis Medical Society in having the Review publish a synopsis of its proceedings is shown in this issue, where a member refers to a case of which he read, said case being reported only a fortnight previous and published within a week. When the case is reported at the St. Louis Medical Society, afterward published, the published report referred to, and this reference published, it must be pretty stale matter for the "official organ" to insert subsequently. We would not be so unkind as to disseminate news in advance of our neighbors, but we owe a duty to our readers, i. e., to give them the medical news of the week, and to the members of the St. Louis Medical Society, i. e., to put their reports on record as quickly as possible.

Resection of the Ovary.

Schrœder recommends that in suitable cases a portion of the ovarian structure be allowed to remain. Frequently in operating for a large ovarian tumor a cystic degeneration is also found in the other ovary. Instead of taking out both ovaries Schrœder cuts out the pathological structures by a wedge-shaped incision and unites the surfaces by sutures. The measure is of importance in the case of young women, who would be unsexed by the ovariotomia duplex. In women beyond the menopause, or such that have children, the proceeding is superfluous. Of course, if any suspicion of malignancy exists, the radical extirpation should be always carried out.

The cases of menstruation and conception after double ovariotomy are to be explained by the circumstance, that a portion of healthy stroma is left behind in the execution of the operation.

Artificial Respiration.

John Arthur Francis writes in the *British Medical Journal* on this important subject, giving the details of a simple method, applicable in all cases of suspended respiration. He very correctly states that the great desideratum is to obtain a method of as simple a character as possible, and of a maximum of efficacy. In cases of drowning many lives would be saved, where they are now lost, be-

cause the methods taught are too complicated, and require previous practice and practical illustration.

The author says: The main indications in artificial respiration are apparently, 1. To loosen clothing, braces, etc., so as to allow free movement of the chest and prevent constriction of the neck. 2. To bring the trachea, larynx and pharynx as nearly as anatomatically possible into a straight line with the openings of the mouth and nose. 3. To obtain as deep an inspiration as possible by elevating the ribs and depressing the diaphragm, and 4, To get a deep expiration.

After analyzing the several methods in use, the Marshall Hall proceeding, the Sylvester mode and Howard's plan, the author, pointing out the defects of all these manipulations, describes his method. It is, merely, the body having been laid on the back, with clothes loosened and the mouth and nose wiped for two bystanders to pass a narrow lever of any kind under the body at the level of the waist and raise it till the tips of the fingers and the toes of the subject alone touch the ground; count fifteen rapidly; then lower the body flat to the ground and press the elbows to the sides hard; count fifteen again; then raise the body again for the same length of time; and so on, alternately raising and lowering. The head, arms and legs are to be allowed to dangle down quite freely wheu the body is raised. A child can easily be manipulated by one person with a hand under each loin. For an adult, the writer says, the best way is for two persons to grasp each other's right hand under the body and then raise it. A stout stick would be efficacious where the operators are too weak to lift the patient with one clasped hand. Joining both hands would form too great a plane for the body to rest on.

The author continues: With regard to the tongue in suspended animation, I am inclined to believe that the danger of the tongue obstructing the entrance of air to the lungs is somewhat exaggerated; at least, in children I have never observed any necessity for interfering with that organ, and the air has apparently passed through the nose in preference to the mouth, and that quite freely. Although, of course, medical men would use their own discretion in such a matter, according to the exigencies of the casee, yet I think it would be wiser for ambulance books, etc., not to instruct the public to pull out the tongue. An ignorant person would probably interfere greatly with the attempt at artificial respiration, would very likely close up the mouth by holding the tongue against the upper jaw, and finish the case by obstructing the nostrils with the palm of his hand.

Of course, in addition to my method of respiration, other aids are not to be neglected for restoring the circulation, such as hot brandy and water, when the patient can swallow, etc.

It seems to me that the position of the body, when raised as described, mechanically puts upon the stretch all the muscles of inspration, except the external intercostals, and that position of the ribs, sternum, and clavicles, allows their weight to aid considerably in the expansion of the thoracic cavity. The intestines and abdominal viscera also gravitate towards the pelvis, and would doubtless draw down the diaphragm.

Palpation of the Pelvic Organs.

Alban Doran reviews in the *London Medical Record* an article recently published by Dr. B. S. Schultze, of Jena, in *Centralblatt fuer Gynecologie*, on bimanual palpation of the pelvic viscera. The article contains so much anatomical detail with individual notes by the reporter that we reproduce it, as follows: Schultze had already noted ("Ueber Palpation der Becken,' *Jen. Zeitschr. fuer Med. uud Naturw.*, 1870, v. p. 113) that the contracting and relaxing psoas muscle along the brim of the pelvis, was an excellent guide to the fingers engaged in detecting the position of the ovary in the bimanual method. External pressure along the same part of this muscle will often, in cases of chronic oophoritis, or complicated parametritis, cause severe pain, especially when the hand passes

over the ovarian vessels and nerves as they cross over the pelvic brim. [See reporter's note below, with regard to pressure on the obturator nerve.] When the psoas is kept in a state of clonic spasm, through apprehension of pain or though faulty position of the lower extremities, it may readily be taken for a swelling, the result of pelvic inflammation. As long as the psoas remains relaxed it cannot readily be distinguished by the hand placed upon the iliac fossa, but the pelvic brim can be felt through it. When, however, the patient bends her thigh, the brim cannot be felt through the contracting muscle, which becomes very evident to the touch, and is distinctly tender.

Dr. Schultze finds that two muscles are to be detected on careful vaginal palpation, and to be taken into account as valuable guides to other structures. These are the obturator internus and the pyriformis. [The sphincter vaginæ and levator ani are easy to detect. The anterior part of the latter, when in active contraction, is often mistaken for the former, which lies below it, separated sometimes by a distinct groove. The tendinous arch, whence part of the levator ani takes its origin, can be felt under the lateral part of the vagina; and, by passing the finger forwards towards the anterior bony origin of the muscle, behind the body of the os pubis, the obturator gland can be detected if it be enlarged or inflamed, as in some cases of pelvis cellulitis and gonorrhea. Vaginismus is very frequently, we find, caused by painful contraction of the levatores ani in cases of fissure of the anus or inflamed hemorrhoids.—*Rep.*] The obturator internus, Dr. Schultze states, is a muscle generally well developed, and its movements can be felt through the vaginal walls if the patient rotate the corresponding leg outwards. Its contraction becomes particularly evident during extension and adduction of the thigh, when not only its origin around the obturator foramen can be defined, but also the portion lying further back towards the sciatic notch. Pressure on the contracting muscle seldom causes pain, but pressure on the obturator nerve produces sharp crampy pains, radiating to the thigh along the course of the nerve. [This, if misunderstood, may be taken to be symptomatic of some acute inflammatory process in the pelvic cavity. A thorough exploration of the vagina with the finger, in a case of suspected uterine disease, is very likely to involve pressure on the nerve, and this may become a source of fallacy. Pressure on the ovarian plexus must also cause pain even in health, and thus the tenderness is not necessarily a proof (*vide supra*) of chronic oophoritis.—*Rep.*]

The pyriformis is difficult to detect by vaginal palpation in subjects where the vagina is long, and the pelvis deep. It can easily be touched when the pelvis is shallow and the vagina broad, or in women of diminutive proportions. When the uterus is high up, as in advanced pregnancy, the finger can easily reach the upper border of the muscle. The pyriformis is, according to the evidence of palpation very irregularly developed in different patients, and it is not so evidently set in action as the obturator, during active rotation outwards of the lower extremity. On the other hand, in many cases it remains in continual contraction, especially when the patient lies in an uncomfortable position, or is in a state of alarm. Pressure on the contracting pyriformis is often intensely painful, possibly ('vielleicht,' evidently might be said with full confidence—*Rep.*) through transmission of the pressure to the sacral plexus. Through these peculiarities the pyriformis may become a prominent source of fallacy. Dr. Schultze, a few years ago, examined a very corpulent patient suffering from chronic metritis and parametritis. He took the two contracted pyriformes for the ovaries fixed to the back of the pelvis.

When both the pyriformes and the obturatores interni are set in action, the bulging of the obturators is most prominent a little behind the middle point of the foramen ovale. As each obturator bulges but little, there is not much chance of its being taken for a tumor or a collection of inflammatory deposit. The most projecting part of the pyriformis in

full contraction is much more evident to the touch; it stands out three-quarters of an inch or more from the anterior surface of the sacrum. The inner borders of the two pyriformes in full contraction lie over an inch apart, so that two fingers can be pushed between them in vaginal palpation. The separate bands of fibres can be detected as they arise from the sacrum between the sacral nerves, provided that the muscle be set in action whilst the finger presses in the right direction. If the patient, lying in an easy attitude, have rotated the lower extremity outwards without setting the pyriformes in action, she should be told to hold the thigh stiff. This will set all the femoral muscles in action, and the pyriformes may then be distinctly felt. This will be sufficient to distinguish the muscles in question from a morbid growth or deposit

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Cure of a Lingual Ulcer by Galvanism.—At a session of the Berlin Medical Society (*Deutsche Med. Wochensch. London Medical Record*), Dr. Moritz Meyer introduced a patient, in whose case he had completely cicatrised an ulcer of the tongue of nine years standing by the application of the anode of a galvanic current. The woman, aged 51, had during labor bitten her tongue in so shocking a manner, that no treatment had been successful. For years she had been able to take only liquids, and the pain was so great as to 'nearly drive her mad.' This occurred in June 1876. In June 1884, she applied to Dr. Meyer. The latter found, besides various superficial fissures, an ulcerated, grooved surface penetrating the tissue more or less, extending from near the tip parallel with the sides to the root, as well as other ulcerated surfaces to the right and left of the tip, which was itself completely fissured. The woman was made to hold the larger cathode in her hand, whilst a narrow anode was brought to touch the various sores on the tongue for about half a minute, the current being strong enough to be perceptible without being painful. The result was so soothing for several hours, and the appearance of the tongue improved so much, the more superficial ulcers appearing to be cicatrising, that Dr. Meyer determined to continue this treatment. At last, after 190 such applications, the woman was completely cured, being able to eat solid food without pain, her utterances being distinct and her sleep sound. Dr. Meyer invites laryngologists to test this process, which they would be able to localise, and the strength of which they could modify at any moment by varying the number of elements.

Parenchymatous Injections of Hyperosmic Acid.—Delbastaille recommends intraparenchymatous injections of hyperosmic acid in chronic lymphadenitis, congenital angiomata of medium size and in neuralgia. He reports eight cases of the latter description. Two cases of intercostal neuralgia were cured; four cases of trigeminus-neuralgia and one of neuralgia of the brachial plexus were much improved.

No bad side-effects, local or general, occurred. A one per cent solution was employed in a dosage of $\frac{1}{2}$–1 syringeful daily or every other day.

Strychnine in Uterine Hemorrhage.—A course of strychnine is recommended as a prophylactic against hemorrhage in labor in women prone to such accident. We note that a correspondent in the *British Medical Journal*, says that to arrest *post partum* hemorrhage he gives a mixture of fifteen minims each of nux vomica and tincture of opium and half a dram of ammoniated tincture of ergot.

Artificial Cocaine.—Synthetic chemistry is fast emancipating us from the vegetable kingdom. Merck produces artificial cocaine, identical in every respect as to reactions with natural cocaine.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

Stated meeting held Saturday, April 17, 1886.

Dr. Lutz presented the notes of a case, with the specimen. The patient, a woman, with no hereditary or acquired taint, had had four children, two of which were living. Fifteen years ago, and one year before her marriage, she noticed a small tumor in lower part of abdomen, which soon acquired the size of an orange. It did not interfere with first pregnancy in any way, and all the children were born alive. Tumor continued to grow, but did not inconvenience her any. Six years ago consulted the late Dr. Hodgen, who advised its removal, but operation was deferred until further developments. When first seen by Dr. Lutz, the circumference of abdomen at umbilicus was forty-three inches; weight of body 110 pounds. A distinct wave could be felt passing across the distended abdomen as in ascites, and abdominal walls were very pendulous. No uterine involvement; depth of uterus three and a half inches; no trouble in micturition, and only occasional constipation.

Diagnosis could not be a positive one, but thought it to be a tumor of the broad ligament. The veins of abdomen very much enlarged. Incision made in median line, and tumor presented itself in the opening. Only one adhesion between the sac and abdominal wall, just to the left of the umbilicus. Upon tapping, the contents proved to be not limpid, but grumous, and contained numerous crystals of cholesterin; seven gallons of liquid removed. The base of the tumor was long, about six inches, and was tied in two places and divided between them. An attempt was made to sew the two layers of peritoneum over the divided stump, and after a careful toilet of the peritoneal cavity, the outer wound was closed with catgut. Patient rallied well, and when last heard from was doing nicely. In presenting the specimen the doctor remarked that it looked like a typical cyst of the broad ligament, and had a number of small cysts on its inner surface.

Dr. Gregory said that day before yesterday he had seen the case he had reported two weeks before, intussusception of the colon in a child. Said that the child was perfectly well, and had not had any of the symptoms since, that it had before been troubled with.

Dr. Meisenbach said that he had read of the case [in the Review. Ed.] and had been much interested in it. Thought that good results were to be obtained from intestinal massage in cases of that kind. Related a case of strangulated hernia, in which he had placed the patient on his back with hips tilted very high, and had employed massage for some time, but failed to reduce the bowel; decided to operate, and left the patient for a short time, but, upon returning, found that he had had a free passage from the bowels, and the hernia had disappeared. Spoke of the efficiency of deep massage in constipation, and thought that the taxis and massage had in this case brought on the evacuation of the bowels with accompanying disappearance of the tumor.

Dr. Gregory spoke of an anesthetic in these troubles as being one of the prime factors in their treatment, and thought that if one had been employed in this case the reduction could have been accomplished by the taxis.

Dr. Wesseler spoke of a complication arising in a case of hernia which he had seen, resulting from the application by the patient of a brass ring aroung the penis to prevent the gut from coming down. The tissues of the penis had become enlarged,and the ring was constricting them tightly, and could not be removed. Jewelers were sent for to remove the ring with their instruments but were not successful, until Dr. Auler who happened to be passing, stopped and succeeded in removing it.

Dr. Pollak spoke of a case of femoral hernia in a woman, which had existed thirty years, and becoming strangulated it was decided to operate upon it; but on the opiate taking effect, which had been administered for relief of the pain, the rupture disappeared spontaneously.

Dr. Hulbert stated that he had just left a case of incarcerated femoral hernia, which had occupied that extramural situation since morning; attempts to reduce it had failed, and as the symptoms were not at all alarming, he had decided to await developments.

Dr. Hill related a case which pointed to the occasional difficulty of recognizing a strangulated hernia, one in which there was no tumor, and the only pain was in the testicle.

Dr. Meisenbach wished to know whether it was better to wait until marked symptoms of serious trouble supervened, or to operate early.

Dr. Lutz thought that a discrimination should be made in reference to the operation, depending upon the hernia being a chronic one or not; by chronic he meant one that had

been strangulated before, perhaps several times.

Dr. Gregory in reply to Dr. Meisenbach's question, said that in chronic cases you could often wait for days, but that in acute cases the time was to be measured by hours, not days; that the prominent symptoms were pain, constipation and vomiting, and if these were well marked and the patient was in a state of collapse, the operation was to be immediately performed. He thought that the term taxis was too limited in the general acceptation of its meaning; that it should apply to the kneading and rubbing of the abdomen generally, and not to that only of the surface of the tumor; that it should be combined with inversion of the patient and shaking, and thought that there were a great many cases of hernia in which the effects of gravitation so brought about, would effect the withdrawal of the bowel into the abdomen. Thought the tendency of the day was to open the abdomen too frequently, not only in hernias but in such operations as oophorectomy. Would refer again to the prime importance of inversion, kneading and shaking in all directions.

Dr. Moore referred to a case of strangulated hernia in which taxis had failed to rereduce it, when, inversion having been resorted to by Dr. Hodgen it immediately disappeared.

Dr. Mudd in connection with the question of inversion, spoke of the experiments lately performed, to determine the amount of obstruction dependent upon distension of the sac with liquids; also spoke of the knee and shoulder position in its treatment, and mentioned the presence of albumen in the urine as being a corroborative diagnostic symptom of strangulation at some point in the intestinal canal; the last he thought being of some importance, as sometimes the patient was not aware of its presence, and, if the swelling was very small it might be overlooked by the surgeon.

Dr. Hulbert presented specimen.—Patient had entered hospital pregnant, with everything apparently normal, but placental bruit could be heard very low down. Shortly after admission, had a small hemorrhage from vagina, with some pain; examination showed the cervix to be firm, with no dilatation of the os. From that time on she had slight hemorrhages until time of delivery. On the day before had been hastily summoned, and found that the patient had lost quite a great deal of blood; os dilated to the size of a quarter. Soon discovered that it was a case of placenta previa, and determined to deliver as quickly as possible. Gave chloroform, and dilated cervix forcibly, peeled off the placenta until he could reach the feet, which were then brought down to the cervix. There was no hemorrhage, and patient was apparently safely delivered. In a short time the uterus had contracted firmly, when suddenly there was a profuse hemorrhage, which was checked with persulphate of iron, but after the lapse of an hour and a half patient died in the syncope resulting from its loss. The uterus was presented to the members for inspection.

Dr. Funkhouser presented a specimen of an embryo five days old, the result of union between a rooster and a duck; had had a number of eggs, the result of this union in his incubator, and this was one of the very few which had proved to be fertile There was no doubt, he said, of the embryo being the result of this union, for there was no chance of the duck having copulation with a drake. Spoke of the crossing of different orders, this case being a cross between swimming (natatorial), and scratching (rasorial) fowls.

OBSTETRICAL SOCIETY OF PHILADELPHIA

Thursday, April 1, 1886. The President, B. F. Baer, M. D., in the chair.

Dr. E. P. Bernardy read a paper on

The Value of Biniodide of Mercury as an Antiseptic in Obstetrics.

(See page 396.)

Discussion.

Dr. Chas. Hermon Thomas had heard the statements of Dr. Bernardy with interest and surprise that cases of so much gravity could be controlled by such simple means as vaginal injections. His practice and belief had been that such cases require the introduction of washes into the uterus, the washing of the vagina being utterly futile. The doctor related an instance in which a 4para was allowed to die of septicemia, no effort being made to wash out the uterus, although vaginal antiseptic injections were frequently employed in the case. Six weeks have elapsed since the death of that patient, and in that time, the same practitioner has lost three additional parturient patients.

Dr. Longaker spoke in support of Dr. Bernardy's practice. We have been led to expect a prompt fall of temperature from the use of intra-uterine injections in septicemia post partum. His own plan is to discontinue intra-uterine injections after the first thorough washing unless offensive discharges

come from the uterus. He has observed that after the repeated introduction of forceps into the uterus, the introduction of the hand or other means favoring the introduction of air, a peculiar traumatic metritis results and to relieve this he has been in the habit of introducing into the uterus an iodoform pencil, containing about $1\frac{2}{3}$ drams of iodoform; this prevents future sepsis. (See Lusk, last edition.) Prompt lowering of temperature and pulse are the result, if this is used after sepsis has occurred, and even when antiseptic uterine injections have failed. The effect of one of these pencils will last through two or three days, when another may be needed.

Dr. Howard A. Kelly drew attention to the fact that the biniodide of mercury is almost if not entirely insoluble in water, and that an alcoholic solution would scarcely be admissible. He also called attention to the frequent presence of the bichloride as an impurity. He read the following letter from Dr. Francis L. Haynes:

"In reference to the potassio-mercuric-iodide, I may add a little to the facts I mentioned in our conversation. The last case of puerperal septicemia I have seen in my own practice, occurred in Mrs. F. confined Dec. 18, 1885. It was due to the fact that my hands were contaminated with septic matter and that I trusted entirely to hard scrubbing and to inunction with oil of turpentine to purify them, (after Goodell). In this case the pulse was 138 and temperature ran up to as 105° but she recovered in a few days under copious injections of hot water into the uterus (generally plain but sometimes with a little carbolic acid added). Three injections were given, and during the days on which this treatment was being used, I attended several cases of labor, purifying myself with 10 per cent solutions of carbolic acid. These cases had no trouble; but I became ill, as I always do when I use much carbolic acid and my hands bacame sore.

I now began to use the potassio-mercuric iodide solution to purify my hands, and since then have had no trouble whatever, although I have attended cases of labor within a few hours after (1) washing out the uterus of a patient of Dr. L's suffering from septicemia (terminating fatally) (2) after amputating finger and metacarpal bone of a man suffering from gangrene of finger and suppurative cellulitis of the hand and wrist; (3) after digging out putrid placenta after miscarriage (several instances); (4) after performing autopsy in a case of suppurative peritonitis and bathing my hands freely in the pus. The solution may be used without apparent injury to purify blunt instruments and it is certainly a great comfort to soak your speculum thoroughly in it after treating a case of gonorrhea.

How is the solution prepared? A four-ounce bottle is marked with a diamond so as to indicate drachms and filled with distilled water containing ʒj each of potassium iodide, and mercuric iodide. (The cost of this solution is less than ten cents). It is now a very easy matter to make a solution of any desired strength extemporaneously. A tablespoonful to the pint—one part to 1000 is the strength I generally employ, but after autopsies I use one to five hundred.

How do I prevent my hands from becoming eczematous when using the solution? Once or twice daily after washing the hands and while they are still damp, about ℥ss of glycerine is poured into the palm and thoroughly rubbed into the whole surface of the hands which are then dried as usual. This is very effectual."

Dr. Wm. Goodell has had no experience with biniodide of mercury, but has had with bichloride. He is not sure that Dr. Bernardy is at fault in confining his antiseptic injections principally to the vagina, for where does sepsis usually take place? Not in the uterus but through wounds of the vagina. In the Charlotte Hospital they have good results from the use of bichloride injections and iodoform. When the Preston Retreat was new, they had a good record, but afterwards the percentage of fatal cases became too large. This fault was remedied by the use of bichloride of mercury as a vaginal injection and the introduction of ʒj of iodoform. The pads to catch the lochial discharges were replaced by absorbent cotton medicated with corrosive sublimate. In the last one hundred and forty cases no rise of temperature has occurred during the puerperal period. In these cases the antiseptic applications were all directed to the lower portion of the womb and the vagina. Dr. Bernardy is probably right. A solution of one to 2000 is too strong and will produce soreness after operations. He does not like to have the patient on her side during and after the removal of the after-birth, as it favors the entrance of air into the vagina, as in Sim's position. She should be on her back.

Dr. Harris inquired if Dr. Bernardy did not use uterine injections after the removal of the dead fetus. The effect of a decomposing fetus with unbroken membranes within the uterus, has a remarkably prostrating effect upon both mind and body of the mother.

Dr. Githens described a case of post-partum septicemia in which an offensive leucorrhea which had existed before labor, and

which had been neglected was the apparent cause. In this case vaginal injections of potassio-mercuric-iodide quickly relieved the undesirable symptoms.

Dr. Thomas thought vaginal injections would be quite sufficient as a prophylactic agent, but would it be considered sufficient if septic peritonitis were present? One thorough uterine wash first and then iodoform pencils to prepare for subsequent vaginal washes. In Bellvue Hospital uterine injections are always used when vaginal washes fail to reduce the temperature.

Dr. Bernardy uses the first injection himself and thoroughly washes out the uterus and continues the injections until the fluid comes away perfectly clear. The firm contraction of the uterus eliminates the liability of absorption there, and the principal abrasions and absorbing surfaces are undoubtedly vaginal. The results at least have been satisfactory.

The pellets exhibited are quite soluble and are chemically pure, the biniodide has been tested for bichloride and none is present. The potassium iodide present merely aids in the solubility without affecting the chemical composition of the mercuric iodide.

Dr. Wm. Goodell read a paper by Dr. Hiram Corson on the statistics of 3036 cases of labor.

CORRESPONDENCE.

NEW YORK LETTER.

New York, Apr. 15, 1886.

Editors Review: Dr. Wm. Osler recently delivered his second lecture of the Cartwright course. He took as his subject the degeneration and regeneration of the corpuscles. He does not regard the conception of the blood as a fluid tissue (the corpuscles representing the cells, and the plasma the matrix) as a happy one, Both of these elements present peculiarities unknown in any other tissue.

Dr. Osler first spoke of the condition of blood, anemic from any cause. One of the most remarkable changes in many diseased conditions is the reversion of the red corpuscle to an infantile or embryonic condition. To them in this state he gives the term microcytes for the smaller, and megalocytes for the larger. The former normally exist in the embryo and the newly born, but rarely in a healthy adult. They are seen in all forms of blood poverty, Hodgkin's disease, etc. In conditions of profound anemia, the red corpuscles may be very irregular in outline and deeply fissured. In this condition sections may split off and appear as microcytes.

The megalocytes (8-10 m.m.m. in diameter) are very constant elements in pernicious anemia, and may be found also in chlorosis and anemia. Some observers claim their existence in many cases of jaundice. A particularly interesting blood element is the corpuscle containing red blood corpuscles. They are not often seen in the circulation itself, but are, in certain states, common in bone marrow, the spleen and lymph glands. The lecturer regarded it seriously difficult, with our present knowledge, to decide just what features in the blood indicated degeneration and what regeneration.

Dr. Osler has made many friends in this city since beginning his lectures. He is a worthy successor to those who have gone before him in this lecture foundation, viz., Bartholow, Dalton, Belfield and Wilder. While by no means a graceful speaker he has the enthusiasm of conviction and has given great pleasure to the members of our profession.

A paper has recently been presented to the Academy of Medicine by Dr. H. C. Coe, pathologist to the Woman's Hospital· Its title was, "Is disease of the uterine appendages as frequent as it has been represented?" The author wished his paper to be regarded as a mildly negative answer to this question. He did not regard the existence of tube disease of as common occurrence as is generally supposed. So also of the ovary. The ovary usually found might not be histologically perfect, but it was wrong to consider it diseased for that reason alone, and to remove it. He did not believe (as did Mr. Tait) that in chronic ovarian disease, the tubes were invariably involved. During the last two years nearly all of the specimens examined by him had confirmed him in the belief that in not more than one-fifth were pyo-salpinx or hydro-salpinx present.

Dr. Lusk thought that ovaries were too often removed without sufficient cause. Surgeons had learned how to operate with very little risk, and removed ovaries now for that reason where years ago they would not have been willing to operate. Drs. Mundé, Polk and Wylie held that salpingitis was very common.

Dr. A. H. Goeleb recently read a paper before the Academy Section on Obstetrics on "Rapid Dilatation of the Cervix Uteri for Dysmenorrhea and Sterility." He believes that a week or ten days after menstruation is the best time for the operation which should be done under anesthesia. The indications for the operation are, first, marked stenosis, with or without flexion; second, acute flexion, without actual stenosis or obstruction; third, slight stenosis shown by a passage of

the sound, and dysmenorrhea and sterility existing without apparent cause; fourth, acquired endometritis, moderate narrowing the canal and preventing free drainage.

At the last meeting of the Pathological Society, the necessary formal proceedings necessary to incorporation were gone through with. Several specimens were presented on behalf of candidates. One was a renal calculus of oxalate of lime, weighing at autopsy 150 grains. The patient was a woman who had suffered from dysuria, and had considerable albuminuria, with pain limited to urethra. A few days before her death she became violently maniacal. At the autopsy peri- and pyelo-nephritis were found in the left kidney which was greatly atrophied, weighing only two ounces. The right kidney weighed twelve ounces and in it the calculus was found. There was also suppurative cystitis and urethritis.

Specimens of carcinoma of the caput coli and of chronic local endocarditis were also presented.

J. E. N,

THE JUSTIFIABILITY OF CRANIOTOMY.

HILLSBORO, ILL., Apr. 14, 1886.

Editors Review: In the REVIEW of April 3, Dr. Latta, of Kansas, in a communication on this subject, makes charges against the clergy of the Catholic church which I take no notice of here, as a subject which cannot be appropriately discussed through the medium of a medical journal. The discussion of this question, if we eliminate the ecclesiastical part, is useful, inasmuch as it calls forth the views of the members of the profession on the subject. I shall confine myself to this.

Dr. Latta says: "And when the 'country surgeon' performs abdominal section, and the mother dies from the operation, as will happen sometimes, how does the result materially differ from that 'legalized murder' Dr. Sawyer is so anxious to avoid?" In the one case (craniotomy) you destroy a human life with "aforethought," (design) —murder; in the other, you may lose one or both lives, but this will be the result of an attempt to save them—the province of the physician; and you are no more responsible than when you lose a life during or after the performance of ovariotomy, or any other surgical operation. Gastro-hysterotomy and laparo-elytrotomy have for their object the rescue of two lives. Embryotomy means the murder of one to save the other.

In future, let us keep in mind that the question under discussion is, first, when examination reveals a deformed pelvis which precludes the possibility of the delivery of a full grown living child, which of the three operations are we justified in performing—craniotomy, gastro-hysterotomy, or laparo-elytrotomy? Harris, in Playfair's System of Midwifery, 1879, gives the following percentage of seasonably performed Cesarean operations in our country: women saved 74 2-27 per cent; children saved, 81 13-27 per cent; and then adds: "Take the capital operations of surgery, and hunt them everywhere, frontier settlements and all, and how many will show 42 per cent of recoveries?" The recent data of such operations shows a great improvement in the favorable results, and as it is the physician's province to save, not destroy, life, I claim that this operation is proper, and should be performed as quickly as possible after the discovery of the necessity. "And this operation has always received the strong support of the Roman Church" (p. 506). So the old church was not so far behind after all.

Second. In the event of such contingency arising in a "neighborhood doctor's" practice, should he, with the same kind of assistants, attempt the operation? I answer emphatically, yes! provided that he possesses the previously mentioned requisites, always keeping in remembrance that many of our most distinguished physicians and surgeons of the past and present were merely "neighborhood doctors," when they performed their first operation which gave them name and fame, as well as opened the road to the attainment of that success which marked their professional career.

Respectfully,
AMOS SAWYER.

NASAL CATARRH.

SEDALIA, MO., April 16, 1886.

Editors Review: In the pathology and treatment of nasal catarrh, and catarrh in general, the profession, as well as the general public, has been vastly benefited by recent investigations. When I say recent, I mean to include the last decade. However simple we have been accustomed to regard catarrh, or cold in the head, by the fathers of medicine, we have now become convinced, by actual statistical knowledge, that it is one of the most formidable, as well as universal disabilities of the human family.

Without going into lengthy details, we are satisfied for the present by simply stating our personal experience, and suggesting some of the remedies best calculated to furnish speedy and permanent relief, that is, for the time being, for no one who has had anything to do with this very common malady will pretend to deny its predisposition to frequent returns in this variable climate.

I look upon the disease as purely a neurosis, and capable of being controlled only when, by proper medication, you quiet the irritation of the general nervous system, and thereby quiet the peripheral trouble.

I fully concur in Dr. Lee's views in his paper before the Harveian Society of London, as quoted by Dr. C. H. Hughes, in the REVIEW of April 10, and, like Dr. Hughes, I wish to extend all this class of neuroses to irritation reflected to central ganglia from peripheral nerves, and not by any means confined to simple coryza.

Now as to the treatment. Nothing could be more rational than that suggested by the paper above above referred to. But we need something more. The old adage of "feed a cold and starve a fever," when you come to make it apply to this class of disorders may not only be untrue, but positively absurd.

I have seen patients in recent attacks, who, in following out this misleading idea, had stuffed themselves, not only with food, but stimulants as well, and consequently brought on a fit of indigestion, and consequently an aggravation of all the symptoms. My plan is, when I find this state of things, to first relieve the stomach of its burden by active emetic if need be, and then give a full dose of opium with the bicarbonate of potash, or, maybe, the bromide of potash. The valerianate of morphia acts well in some cases of peculiarly nervous temperament. Then, if the coryza is very annoying, use, as a snuff, one dram subnitrate bismuth to two grains mur. morphia ad. lib. until the unpleasant discharge ceases.

If the system is run down after the urgent symptoms are relieved, the patient should be put upon a good tonic treatment, such as quinine and the mur. tinct. iron., or elix. gentian and chlo. tinct. of iron after Wyeth's formula. This constitutes the principal part of the treatment, and does away with a good deal of gratuitous advice about change of flannels, visiting watering places, etc.

Respectfully,

JNO. W. TRADER.

BOOK REVIEWS.

Principles and Practice of Surgery. By Frank H. Hamilton, A. M., M. D., LL. D., etc. Third edition, revised and corrected. New York, Wm. Wood & Co., 1886.

The Comical Cure-All, or Merry Medicaments; for use in all branches of the Medic and Chirurgic art. Cincinnati, Anton Becker, publisher.

CLINICAL THERAPEUTICS.—Lectures in Practical Medicine Delivered in the Hospital St. Antoine, Paris, France.—By Prof. Dujardin-Beaumetz.—Physician to the Chochin Hospital, member of the Academy of Medicine and of the Council of Hygiene and Salubrity of the Seine.—The Treatment of Nervous Diseases; of General Diseases and of Fevers.—Translated by E. P. Hurd, M. D., member of the Massachusetts Medical Society.—George S. Davis, Detroit, Mich., 1885.

Doctor Dujardin-Beaumetz, a distinguished Parisian physician and clinician, the author of the above treatise, is a writer of no mean ability. Already his facile pen has done valiant service in behalf of the science and art of medicine. Having graduated at the "Ecole de Médicine," in 1862, he has become at an early age quite a voluminous writer, and this, in connection with his intense enthusiasm for hospital work, has done much to advance practical medicine and evolve from his daily experience and observations at the bed-side, this present system of "Clinical Therapeutics." These lectures were delivered in the amphitheatre of the "St. Antoine Hospital," to an appreciative audience of physicians and students, and have been growing with increasing favor in the estimation of the medical public both in Europe and America. As corroborative of this statement, this volume of lectures has passed through four editions in France, and is now translated into Spanish, Italian, Greek and Russian.

The livliest interest has been awakened in the work upon its reaching this country which has culminated in the present translation through the indefatigable industry of Dr. Hurd, of the Masachusetts Medical Society, and given publicity by George S. Davis. The author claims as his purpose aid to the busy practitioner and the young M. D. seeking public favor by "showing them how to treat diseases, and in removing obstacles from their way." The object is certainly a worthy one, and to our mind the work is eminently practical and will very greatly simplify and aid the physician in his daily duties. The author for a period of years has enjoyed wonderful hospital advantages and facilities, which have enabled him to arrive at satisfactory conclusions in regard to the clinical value of remedial agents and their true therapeueis and applicability to certain pathological conditions. The natural evolution of a disease, its variable type and different phases, are so many valuable pointers to a careful and honest observer in the successful selection and proper application of a remedy.

The observation and experience of every physician teaches him that the therapeutic results of a given drug, vary with the individual peculiarities and characteristic changes and type of the disease. Therefore, in the use of medicinal agents the clinical knowledge of them, obtained at the bedside, becomes an important factor in their application to morbid states. The history, dose and the physiological action of a remedy is not alone sufficient: its use must be based upon correct data and well attested clinical observations to give it value. The knowledge that sulphate of quinine will cure intermittent fever does not rest upon its physiological action theoretically considered, but upon the certain results obtained in its use and practical application for the cure of the disease for which it was given. The work in its subject matter, method of thought and general make up, is strikingly different from all previous publications of its kind. It is independent and original; "follows no exclusive method, but draws from all sources." It is then, upon well attested observation and experience, that you should rely to establish the true therapeusis of a given remedy. In harmony with this thought the author's definition of clinical therapeutics is most apropos; "to examine and survey the effects of the different remedial agents administered to the patient and study their indications."

And he further says "clinical medicine is the study of the modifications which different organisms impose on the course of morbid affections, so clinical therapeutics will enable you to appreciate in the living being the constantly occurring deviations from the precise laws formulated by therapeutics properly so called." The author in this treatise has done much for the advancement and progress of therapeutics as a distinct branch of medicine, and this will undoubtedly yield practical results and overcome confidence in the "traditions and methods of the past." The work is su i generis in the fact, "that much in an ordinary text-book in materia medica and practice is rather embarrassing to the practi tioner than helpful, is here omitted, while the important data, set forth in strong light and grouped in a few masterly generalizations indicate to him where he can be truly useful, when his intervention is demanded, as well as the limits of that intervention."

From the medical press of this and other countries during the last decade, a vast multitude of books have been issued, and it is pleasing to note that one among this great number is characterized by independence in purpose, profundity in thought and learning, and evinces genius and ability of the highest order. It is admirable in tone, friendly in spirit, and not too hypercritical to be in good taste. Due acknowledgement has been made in the preface of the valuable services of Dr. Hurd.

The binding and press work are well executed, and we bespeak for the work an enthusiastic reception, a calm, considerate and unbiased perusal by the medical reading public of this country. R. M. K.

SPECIAL NOTICE.

Editors Review: Delegates and others who will attend the meeting of the American Medical Association, St. Louis, May 4th to 8th: Parties located east of Buffalo, Niagara Falls, Pittsburgh, and Parkersburg, will apply by mail to Secretary of Trunk Line Committee, 346 Broadway, N. Y., for certificates. Parties west of points named above, and east of the Mississippi River, and north of the Ohio River, will apply to Geo. H. Daniels, Commissioner C. P. C. Chicago, Ills., for certificates. Parties south of the Ohio River, and east of the Mississippi River, will apply to M. Slaughter, Commissioner, Richmond, Va. Parties from Missouri River points, and from Chicago, will apply to E. P. Wilson, Arbitrator, Chicago. Points in the west and local points on the lines centering in St. Louis, will be arranged for by agent at starting point or upon arrival here.

Delegates in making application to the above named persons for a certificate, must not forget to enclose a two cent stamp to pay postage on the return letter enclosing to them the certificate. This must be done to insure the certificate being sent. Any delegate who fails, after making every effort, to get a certificate in due form will *take a receipt from the Ticket Agent* at the point from which he starts, for amount of full fare paid by him, coming to the meeting; and in this receipt be particular to have named the form and number of ticket, and the road over which he will come. If not directly on one of the lines entering into this arrangement of reduced rates, pay your fare only to it, and then pay your full fare from that point, *securing your certificate* or receipt as above directed. State, County or City Societies can apply for the number of certificates they may wish, and have the number wanted sent in one envelope instead of applying individually.

Round trip tickets from Chicago, Ills., also from New York, 339 Broadway, Richmond, Va., and Washington City, D. C., by Chesapeake & Ohio Railroad, and from Philadelphia.

Members of the American Medical Association, or Members of any Medical Societies, who may

see the above, will please report it to individual members, or their Societies, and try to get a notice of same in their City or County Newspapers.

Round trip from Philadelphia via Pennsylvania Central and Baltimore & Ohio, $23.75. From Chicago, $7.50.

R. M. JORDAN, M. D.,
Chairman Transportation Committee,
St. Louis, Mo.

April 21, 1886.

NOTES AND ITEMS.

"A chiel's amang you takin' notes,
And, faith, he'll prent 'em."

—Dr. Edward G. Janeway, of New York, has been appointed to succeed the late Prof. Austin Flint, Sr., in the faculty of Bellevue Hospital Medical College.

—In an exchange we observe the report of a Mrs. M. T. giving birth to triplets. If any one suggests that the patient was M-T after the delivery, the suggestion will be ruled out.

—When the comparative merit of ether and chloroform as an anesthetic, is under consideration, we recall the lines of the poet: "How happy could I be with *ether* were 'tother dear charmer away."

—The death of a physician from hydrophobia is reported from Baltimore. The unfortunate gentleman, Dr. Brinton H. Warner, was bitten on Christmas day by an unknown dog which he had befriended in the street. The period of incubation was unusually prolonged.

—The "Medical World" is authority for the statement that "a dentist in Michigan has the following sign over his door: 'Teeth extracted without pain. Laffing gas, 10 cents; a ha, ha!' The charge is only made for the gas—the teeth are extracted without "pay in'."

—For obstinate vomiting in irritable stomachs, with or without gaseous eructations, I find the following to act in many cases where all else fail:

℞ Acidi carbolici, - - gtt. xii.
Tinct. iodi., - - - gtt. xxiv.
Aquæ puræ, - - - ℥ij.

M. Sig. Teaspoonful every hour until relieved.

—A recent number of the "Iowa State Medical Reporter" contains an article from F. E. Crittenden, M. D., of DesMoines, Iowa, sketching the recent medical practice law adopted by the last legislature of that state. It resembles somewhat the Missouri law in its broad gauge character.

The law for regulation of practice of medicine, adopted by the various Southern states so far stand preeminent.

—The Address in Medicine before the British Medical Association.—It is announced that Dr. J. S. Billings, U. S. A., has been selected to deliver the address in Medicine before the next meeting of the British Medical Association, in place of the late Professor Austin Flint. The well known ability of Dr. Billings and his familiarity with general medical literature makes the selection one eminently proper.—"Journal American Medical Association," Apr. 12, '86.

—An Alkaloid in Kraut.—An alkaloid is stated to have been discovered in sauer-kraut, capable of producing serious symptoms of poisoning, such as paralysis of the bulbo-spinal vaso-motor centers and the cardiac fasciculus of the pneumogastric nerve. The said alkaloid is credited with the power of entirely controlling delirium tremens.—"National Druggist."

If this be true the victim of alcoholism, after emptying the whisky barrel may very safely be dumped into the sauer kraut barrel; but what then becomes of his "bulbo-spinal vaso-motor centers and the cardiac fasciculus of his pneumo-gastric nerve?" We pause for a reply.

—Dr. R. J. Banning writes to the "British Medical Journal," Feb. 20, 1886, an account of a case in which a woman, during the height of a tolerably severe attack of confluent small-pox, gave birth to an infant perfectly uninfected. The baby was vaccinated within a few hours after birth and successfully, both mother and child doing well. This fact is not in accordance with the general opinion that a child born during a developed attack of smallpox in the mother must necessary be infected.

—We have been looking over a copy of a monograph entitled "What is Medicine?" by Albert L. Gihon, A. M., M. D., Medical Director U. S. Navy, President of the American Academy of Medicine. We regret exceedingly that we have not had the time to peruse it in its entirety, as we are sure that we should then know more than we do now, as an answer to that question from the president of the American Academy of Medicine could not be considered other than official, and as finally settling that as any other question which men of more limited opportunities and less classical attainments could possibly propound.

In the "Med. Summary" we read as follows:

"We often hear physicians say, 'Take a glass of beer; it will assist digestion and produce sleep.' This remark shows that physicians as a class are poor chemists, although they study that science

at college. Of all the villainous mixtures which man takes into his stomach, lager (laying) beer is the most injurious. The lager beer sold in our large cities is not beer at all, but a chemical mixture of water, alcohol, soap, aloes, and cannabis indica of a low grade.

"The beer-drinker is always subject to Bright's disease with and without dropsy, and the chronic beer-drinker is a most pitiable objedt, and made up of bloat and acne rosacea. No conscientious physician should recommend beer."—("Med. and Surg. Reporter.")

Notwithstanding the fact that the "Medical Summary" does not give a Bright view of lager beer as a beverage, we still insist that there are a great many good people who deem it a most excellent "summery" drink, though it may not be a "Medical Summary" drink. Possibly the remark may not be considered *germaine* to the subject, but we think it is.

—In noting the new departure of the REVIEW in establishing a section devoted to railway surgery, a number of our Eastern exchanges make the statement that over one hundred thousand victims of accidents are treated in the hospitals of the Missouri Pacific system alone during one year. We do not know where they obtained the misinformation, but we have the authority of the chief surgeon of the Missouri Pacific system, Dr. Warren B. Outten, and our editor in Dep't of Railway Surgery, for the statement that from Jan. 1, 1879, to Jan. 1, 1885 (six years), the passenger mileage was 6,573,423 miles, and only one passenger was killed during the entire time, and he was knocked off the train while the same was in motion and he in a drunken condition.

—Dr. Frank L. James, of St. Louis relates in a very interesting manner, in the March number of the "St. Louis Med. and Surg. Journal," the means by which he removed a brass ring from the penis of a small boy, said ring having been in play placed upon the organ, and the rapid swelling of tissues following prevented its removal by ordinary means.

Standing upon the doctor's table was a bowl of metallic mercury, with which he was preparing to amalgamate a battery zinc. Instead, he applied it freely to the incarcerating ring, and in a few minutes the crumbling pieces of amalgamated brass dropped from the sadly demoralized organ. The boy went away, "slightly disfigured, but not still in the ring."

The above practical application of knowledge and common sense was admirable. We would suggest, however, that it was not the first time that mercury has come to the relief of genital organs, but it usually takes a more roundabout course.

—Is it not about time for somebody to suggest that sulphur is a good remedy in diphtheria. We have missed the statement for some weeks.

—One of our most attractive, interesting and valuable exchanges is the *American Lancet*, of Detroit, Mich., edited by the able and accomplished Leartus Connor.

—The following is the list of the officers and Standing Committees of the Chicago Medical Society, elected April 5th, 1886:

Dr. Edm. J. Doerring, President; Dr. Wm. T. Belfield, 1st Vice-President; Dr. J. F. Todd, 2nd Vice-President; Dr. Liston H. Montgomery, Secretary; Dr. Harold N. Moyer, Treasurer; Dr. John Bartlett, Necrologist.

Committee on Judiciary. Dr. Addison H. Foster (1889), Dr. Wm. E. Quine (1888), Dr. Truman W. Miller (1887).

Committee on Membership, Dr. G. C. Paoli (1889), Dr. D. A. K. Steele (1888), Dr. E. F. Ingalls (1887).

Committee on Library, Dr. Edmund Andrews (1889), Dr. F. C. Hotz (1888), Dr. D. W. Graham (1887).

Committee on Publication. Dr. John A. Robison (1889), Dr. E. Wyllys Andrews (1888), Dr. Robert Tilley (1887).

—A Monument to Dr. Flint.—It is announced that, on the recommendation of Bellevue Hospital, the Commissioners of Charities and Correction have decided to erect a mural monument to Dr. Flint in the hospital.

—Treated Quite Enough.—"Good morning, Mrs. Gilligan; how is Patrick this morning?" "Sure, he's no better, sir." "Why don't you send him to the hospital to be treated?" "Faith, an' it's the delarium trimmins he has already."—"Am. P. and News."

—I found a short time ago, in one of my notebooks, the following story, the source of which I have, however forgotten: "An old Scotch minister was awakened out of his sleep to go to see a great lady in the neighborhood, who was thought to be dying, whose mind was in dreadful despair, and who wished to see him immediately. The old man, rubbing his eyes and pushing up his night-cap, said, 'And when were her leddyship's bowels opened?' and on finding, after some inquiry, that they were greatly in arrears, he said, 'I thocht sae. Rax me ower that pill-box on the chimney-piece, and gie my compliments to Leddy Margaret, and tell her to tak those twa pills, and I'll be over by-and-by mysel.' They did as he bade them--they did their duty, and the pills did theirs, and her 'leddyship' was relieved." This, gentlemen, was insight; this was truly clinical therapeutics.—Dr. Yeo in the "Lancet."

THE WEEKLY MEDICAL REVIEW.

BOSTON MEDICAL LIBRARY ASS'N.

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REPORTS ON PROGRESS.

RAILWAY SURGERY.

BY W. B. OUTTEN, M. D.

The only excuse we have to offer in attempting to introduce this department and endeavoring to individualize and specialize railway surgery, is the fact that specialization is the great cause of the many rapid strides and wonderful progress made in medicine in the past decade.

Admitting that the great bulk of injuries resulting from railway accidents differ from injuries arising from any other source only in degree, yet we hold that many are "sui generis" and are as entirely distinguishable as those of military and other surgery, and that there are certain elements in their description and treatment, which, if properly formulated and elucidated, would redound to the good of both patients and profession. When you take into consideration the extent of the field, it certainly seems justifiable to specialize it. Thus according to Poor's Manual up to January 1, 1885, there were 125,379 miles of railroad in the United States alone, employing over a half million of people; and it is estimated that between twelve and fifteen thousand surgeons attended to accidents occurring on this number of miles of road. Taking that out of this number of employes one in twenty gets hurt, which we think is about the medium average, it being much lower in the Eastern and much higher on roads of the South and West, on this basis there would occur about 25,000 accidents to employes annually, which we conceive opens up a vast field of surgical work, exclusive of injuries to individuals, such as passengers, tramps and others.

Thus, then, considering the breadth of the subject, it is certainly a field which, if properly worked ought of necessity to bring about valuable results and not let it exist, as it now is, only in isolated instances where there is anything like systematic work and scientific formulation.

We look in our text-books and encyclopedias of medicine and surgery, and we cannot help but see how niggardly the subject is treated, scarcely a reference to railway injuries in many of them, and but hastily and inferiorly treated in others, while page after page is devoted to other forms of surgery, which do not deserve any more consideration.

We are convinced that any surgeon, who has had much experience in the surgery of railroads, will have noticed at any early period the extreme deceptiveness of injuries arising from this cause. Many of the injuries, both as regards their local and general effects, are so distinctive from any other kind of surgery, and the results are so greatly at variance with those arising from any other source, as to make us wonder why no effort has been made to indicate the differences to the profession generally. We hold that the same principles underlying surgery in general do not hold good in railway surgery. We now speak of conservative surgery. There are many cases occurring in railway surgery which, if you apply conservative treatment, will lead to baneful results; and in particularly those cases which arise from ponderous, heavy and rapidly revolving wheels, crushing every tissue, and straining and contusing joints in close proximity, it is only by the closest scrutiny and utmost care that good results can be obtained.

The writer is free to confess that, when he finds an injury in close proximity to a joint, caused by the passing of car wheels over the

part, as a general rule it is a fallacy to carry out conservative surgery.

An amputation in, through or near a joint under these circumstances in a majority of instances leads to a bad result. So strong is the writer's conviction, in consequence of positive experience, that he does not believe, that, where great weight and extreme momentum are evolved, as in the passing of car wheels over a foot, a Syme, Pirogoff, Hancock or like operation through the ankle joint is advisable.

We conceive that it is next to impossible to determine exactly the extent of contusion and injury to a joint under such circumstances. The results are so uniformly bad as to leave it a doubtful measure at any time. In our opinion a good stump above the joint with a properly adjusted artificial limb is, all things considered, more desirable. While in this connection we candidly believe that a good stump in the leg from either a Lee, Teale, modified circular, or Sedillot, and proper prothetic attachment better than a good Syme or Pirogoff.

The action of the individual with the artificial limb is certainly more desirable, larger in scope, broader in action, and productive of greater comfort than with any stump formed at the ankle joint. Thus we have in mind two individuals, one with a Pirogoff stump, the other with an amputation of the leg at the middle third, with Sedillot flap. Our friend with the Pirogoff can lift heavier weights and in no other way excels; while our friend with the artificial limb and Sedillot flap, takes care of a water tank upon a railroad; he has to go up an ordinary step-ladder frequently; he can accomplish this act perfectly, with ease and alacrity, while the one with the Pirogoff can but poorly accomplish the act at any time. Again, our friend with the artificial limb is more active in every way, can walk or run faster and longer with less fatigue, his knee retains its wonted elasticity; while our friend with the Pirogoff, owing to the arch of the foot and the constant jolt and jar, complains of a tendency to stiffness of the knee joint and the constant contumely of showing his crippled condition.

Again, in numerous amputations occurring in railway surgery, we hold that the proper selection of the flap site and a minute, close, searching inquiry into the manner of the injury inflicted, have a most intimate and serious bearing on the result.

The careful consideration of the tissues entering into the composition of the flap, the liability of rupture of muscular tissues some distance beyond the point of injury, the extreme deceptiveness of appearances particularly of the skin, which at times, while appearing normal, may have received such a stretching and straining and disruption of its connective tissues as to rob it of its vitality; the condition of its arterial and nerve supply; we have seen both nerve and artery robbed of their integrity and continuity some distance above the point of injury after the passage of car wheels over a limb. Under such conditions we conceive it perfectly proper to ignore conservative surgery *per se*, where indiscrimately applied.

It is better to consider the actual condition of tissues, irrespective of whatever the surroundings may be or the oftentimes too officious suggestion to save all you can. Saving here is too frequently poor economy and an extravagant waste.

Less can be saved in these injuries, as a rule, than in most any other class of injuries. We have noticed in certain text-books an illustration depicting the outline of Teale's amputation applied to the lower third of the leg. The unwary surgeon performing the operation at this point, from the crush of wheels at or near the joint, we think makes a great error. It is immaterial how carefully the long anterior flap may be dissected up, owing to the exposed condition of the anterior tibial artery; and the doubling over of the long flap to be united with the short, jeopardizes the integrity of the anterior flap; and, the writer holding that one the best for prothesis, was wont to apply it freely; the poor success obtained after much care, was the cause of its abandonment. We conceive it to be under

such circumstances most always unsafe, and it certainly appears to be good common sense, if an amputation has to be at this locality, to reverse the order of things. We are in the habit of applying Lee's flap here, with the modification of making the long posterior flap include its arterial supply in their natural bed of muscular tissue, not attempting to separate the deep from the superficial layer of muscles, and our results have been uniformly good.

Now, on the score of future support, the ability to earn a livelihood, the occupation of the individual employed in railway service, we are not inclined, except in some rare instances, to look with any great degree of favor upon the many amputations used in amputating the foot, and consider it always fortuitous to be compelled to go above the ankle-joint.

Ashurst certainly takes a proper view of the amputations of the leg when he says, "the best operation being, I think, the circular or modified circular in the lower third, Sedillot's or Lee's flap method in the middle and upper portions." We think, however, a Lee at lower third answers well and shows good results.

Our ideas in regard to amputation near the knee-joint are essentially the same as those in proximity to the ankle. We have always imagined, that, when we have made an amputation through the knee-joint after a railway accident, there has been an increased amount of shock when this operation has been performed, and we are perfectly convinced that the results will show that an operation immediately above this joint promises less shock to the general system, than by making the operation immediately through the joint. The experiences of the railway surgeon in hip-joint amputations are not extreme, and the successes are so infrequent and the shock so profound, that unless the individual be extremely young, you very rarely, if ever have a chance to perform the operation at this site, because shock so frequently steps in and terminates the matter.

We have only considered some few points in connection with this subject, but the breadth of the subject will not permit us to attempt to cover it all in this one article. There are many points which are of importance and would do well to consider.

The general profession, and particularly the surgeon himself, in nine cases out of ten is ignorant of the subject of prothesis and the mechanism of artificial limbs. It certainly seems to me that it is good sense, where a physician knows that an artificial limb has to be applied, for him to consider the question in all its bearings, and to understand the mechanism and general detail of prothesis in this connection.

It has been the writer's opportunity to converse with a great many surgeons, particularly in railway service, and singular as it may seem, he does not remember to have yet met a surgeon who had studied the mechanism of any of the artificial limbs now in use, and he doubts whether prothesis at the time of amputation ever enters their minds.

The writer has only considered some few of the points in connection with this subject. Its great extent and variety preclude the idea of considering the question in detail. Thus, for instance, the only class of injuries and lesions which have received the distinctive name of railway, is the railway-spine, as described by Erichsen and others. One can sit down and read such a description as this by Mr. Erichsen, thus: "One of the most remarkable of the phenomena of these cases is, that at the time of the accident the victim is often quite unconscious that he has received any serious damage; he feels that he has been violently jolted and shaken up, he likewise feels somewhat giddy and confused, but he finds no bones broken, merely some superficial cuts or bruises, and possibly even no external evidence whatever of injury.

He congratulates himself upon his escape from the imminent peril to which he has been exposed, and gives valuable aid to his less fortunate fellow passengers for several hours; but when he reaches his home the effects of the injury he has sustained begin to manifest themselves; he bursts, perhaps, into

tears, becomes unusually talkative as well as excited; he cannot sleep, or if he does, he suddenly wakes with a vague sense of alarm. The next day he complains of feeling shaken or bruised all over, or as if he had been beaten, or had violently strained himself by exertion of an unusual kind. This strain and sore feeling which follow, affect the muscles of his loins and neck, but sometimes involve also those of the thighs and shoulders. After a time, which varies in different cases from a day or two to a week or more, the victim finds that he is unfit for exertion and unable to attend to business; he now lays up, and perhaps for the first time seeks surgical assistance."—Erichsen.

"His countenance becomes pallid, wrinkled and acquires a careworn and anxious expression, and he frequently looks much older than he really is, or than he did before the accident. Some time subsequently, and possibly long afterwards, the symptoms manifested by spinal meningitis and myelitis present themselves, and these grave disorders run their destructive course unless they are fortunately arrested by timely treatment."—Liddell.

This is the description of a class of cases which have received the distinctive name of railway-spine, but the writer of this, after eleven years of experience directly in the field of railway surgery, has only met two supposed cases of this character, and neither of them indicated to any serious extent the lesions as described by Erichsen and others. It may have been a coincidence, but we are free to confess this, that they are very infrequent. But the collision of cars of to-day is an entirely different matter from what it was years ago.

When you take into consideration that, owing to the application of perfect machinery to the various trains, such as the Westinghouse brake and others, it requires a little over nineteen seconds to apply the brake and bring the train to a full stop, and this done, too, without any excessive degree of trouble, the railway-spine, as described by Erichsen will be of extremely rare occurrence.

The writer has met frequently individuals who complain of all the symptoms as described by Erichsen. On one occasion he met a lady who could literally recite chapters of Erichsen, giving the number of pounds damages received by claimant in the various suits as depicted in Erichsen's work. She got well upon settlement.

Erichsen is one of the best read books of medical literature by the laity.

Rose, in "Quain's Dictionary," uses the following language: "Unintentional exaggeration of symptoms. There are certainly persons who, undoubtedly, without having any fraudulent design, may yet unintentionally exaggerate their symptoms in consequence of the continual direction of their minds to their sufferings (by lawyers), whilst an action is pending. The suspense and anxiety, the examination by medical men and the repeated interviews with their solicitors, keep them in a constant state of nervous excitement. When, therefore, their claims are settled it is natural that the relief they experience should frequently be attended by beneficial results or even complete recovery."

This is the class of cases which the writer has had the fortune to examine. The Golden Cure in these instances is always marked, indeed, frequently followed by phenomenal recovery.

Shock in Railway Injuries.

By C. B. Higgins, M. D., Peru, Ind.

The subject I have chosen in this paper is "Shock in Railway Injuries." Injuries of this character, owing to the manner of their infliction, are seldom complicated by the occurrence of hemorrhage. I shall, therefore, confine my attention to shock, as manifested immediately after the reception of the wound, ignoring that condition occasioned by loss of blood which so closely resembles shock in its symptoms, but which treatment demonstrates to be of an entirely different nature. Neither

will I consider the remote manifestations of shock, but leave that branch of the subject to the neurologists.

Our chief, in indicating his approval of the subject I have selected, expressed a desire that I should exhaust the theme. Upon a topic so trite as the one under consideration it would be presumption on my part to claim knowledge not in possession of all observant and reading surgeons, and an exhaustive article would prove so tedious and commonplace as to excite a wish in the minds of my hearers that I had remained silent. I will attempt nothing further on this occasion than to approve the views of former writers in relation to the cause and treatment of shock, so far as they are sustained by my own experience.

With the exception of burns and scalds, railway injuries are attended with greater fatality than accompanies wounds received in any other way. It is generally conceded by surgeons that the cause of the unusual mortality following lesions of this character is due to the fact that in a majority of the cases the shock is in intensity out of all proportion to the injury received. Most writers on this subject fail to give sufficient prominence to physical influences in considering its etiology. In my opinion, mental impressions are the chief, if not sole, elements to be considered in connection with the cause of the intense degree of shock we so often observe following railway accidents.

Not long ago I was called upon to visit a young man who had fallen in front of his engine and received a crushed leg; there was no other injury, yet he died, in less than three hours after receipt of the hurt, of shock. I am confident in his case death would have resulted had there been no bodily injury. The terror induced by the contemplation of the consequences of the fall was sufficient in his case to produce a state of mental depression from which it was impossible to recover. This young man was a perfect specimen of physical manhood—aged twenty-five, of sanguine temperament, and guilty of no excesses.

Shortly after the occurrence just reported, I was summoned to see an old man of seventy-two who, while in an oblivious state of intoxication, had been run down by an engine and received a wound to all appearances as serious as the one occurring in the case previously mentioned. In the latter case there was no evidence of shock, and the patient was so thoroughly under the influence of liquor that the leg was amputated in twenty minutes after the infliction of the wound, without the administration of any other anesthetic. The patient made a rapid and perfect recovery.

It is not my wish to have it understood that I have drawn my conclusions from the observation of the two cases reported, for I could cite a number, all tending in the same direction; in fact all my experience as a surgeon leads to the conviction that when a wound is inflicted without warning, the attending shock is generally of little consequence. I have never witnessed an extreme degree of shock occurring in a person who had been injured while in a state of intoxication. How often do we hear the remark in reference to an intoxicated person who has survived some serious accident, "had he been sober it would have killed him."

I will relate my experience in another case to further strengthen my position. An insane spinster, aged thirty-eight, eluded her attendants and threw herself in front of a moving train, receiving injuries which necessitated the amputation of both legs. In her case there was no hemorrhage and no shock. When freed from the influence of the anesthetic, after the completion of the operation, she was found to be in possession of her right mind and has so remained ever since. She speedily recovered from the effects of the accident without the occurrence of an unfavorable symptom.

Entertaining the views I do in relation to the cause of shock, my treatment would naturally be directed toward securing a state of mind as little influenced by fright as possible. Professor John C. Dalton, in his work on Physiology, when speaking of shock, says: "It is only after nervous irritability has been

restored by repose that voluntary motion and sensation are re established." It would be well for us in the treatment of shock, such as we meet with in railway practice, to keep this statement well in the foreground and govern our efforts to secure reaction accordingly. Many patients have been thrown into a condition of more profound collapse by the too vigorous application of so-called restoratives, who, if left to themselves in seclusion and quietude, would have recovered.

It is of the first importance to remove the patient, as soon as possible, from the scene of the accident, to prevent his being surrounded by the curious crowds that are sure to congregate upon occasions of this kind. The remarks made by thoughtless and ignorant people in the hearing of the victim, in reference to the serious nature of the injury, add greatly to his depression and lessen his chances for recovery. He should be conveyed to a well-ventilated apartment, and only such persons be admitted to the room as may be necessary to properly care for him. The surgeon and attendants should make every effort to conceal their anxiety; for the apparently lifeless patient is often possessed of sufficient vitality to comprehend his surroundings.

It will generally be found that the victim has been liberally dosed with whisky or brandy before the arrival of the surgeon. I wish here to express my unqualified approval of the position taken by the late Dr. John T. Hodgen, at the meeting of the American Medical Association in 1873, in reference to the administration of alcoholic stimulants in the treatment of shock. When the stomach is sufficiently active in these cases (which is not often) to allow of their being appropriated, they are no good. It frequently happens that when reaction is secured, the stomach is full of the alcohol, and the assimilative function being re-established, the stimulant is rapidly appropriated, and we soon have a condition to contend with which is as dangerous and fully as difficult to overcome as the original trouble.

As before remarked, the chief object in the treatment of shock is to secure repose. This is best accomplished by the hypodermic administration of morphine, and in these cases it will be found necessary to use more than the ordinary dose to obtain the desired effect. If from any cause morphine should be contra-indicated, ether may be administered hypodermically in drachm doses, frequently repeated. In addition to this treatment, attempts should be made to restore the temperature of the body to the normal standard by application of dry heat. These applications should be made with as little disturbance to the patient as possible. The practice so frequently resorted to of applying cloths wrung out of hot liquids of various kinds, owing to the rapid evaporation, has an effect just the opposite to that intended. The use of mustard plasters, friction, electricity, etc., etc., I shall mention only to disapprove of, as the excitement attending their application overbalances any good they may accomplish.

If we fail to secure reaction by the maintenance of absolute quiet, the judicious administration of sedatives and the application of heat in the proper manner, we will certainly not add to our chances of success by resorting to the numerous other applications recommended by various authorities as useful in this condition.

I will close this article with a few words in relation to the time for operation in cases of shock. If the patient shows signs by increased strength of pulse and otherwise that reaction is being established, the sooner the operation is performed the better, for the administration of the anesthetic has a decidedly beneficial influence in promoting the condition of mind which we have been directing our treatment to secure. I think a surgeon, unless he has so firmly established his reputation as to be out of reach of adverse criticism, would be very foolish to begin an important operation upon a patient so thoroughly under the influence of shock as to be insensible to pain, and oblivious to all surroundings, and consequently in no need of an anesthetic.

[It is indeed a difficult thing to determine the exact states which are included under the head of shock; and the writer of this article

shows points of difference which indicate the closeness of his observation. We have seen frequently from these injuries a condition which it would be hard to classify singly under the term of shock; and we conceive that Rose's classification of shock, collapse and fright aptly fit the description in many railway injuries; and Dr. Higgins' views regarding the indiscriminate application of alcoholic stimulants are excellent, and we firmly believe in the view entertained by Savory, "that there is great danger from over-stimulation, whereby the flickering powers may be extinguished altogether;" yet in years we have never met an instance in railway service of serious import but that stimulation had been carried to excess prior to getting them under treatment.

The laity must be educated in the direction of hot coffee. I am convinced that great harm constantly results, and the kindly officious course of friends oftentimes renders the physician's efforts futile.

We have not in years applied stimulants to cases of this character, but have been in the habit of applying external warmth, small and frequent doses of hot coffee and subcutaneous injections of ether, although we are free to confess that shock is to us so much of an ununknown quantity, that we have but little confidence in our ability to contend with it.]

ORIGINAL ARTICLE.

CLINICAL REMARKS ON HIP DISEASE.

BY DR. MILTON JOSIAH ROBERTS.

Professor of Orthopedic Surgery and Mechanical Therapeutics in the New York Post-Graduate Medical School. Visiting Orthopedic Surgeon to the City Hospitals on Randall's Island, etc. (Phonographically reported April 8, 1886).

GENTLEMEN:—This patient, a boy of eight and a half years of age, comes to us from a town in New Jersey, some fifty miles distant. He first presented for treatment at this clinic in November, 1883. The history of this case embraces several important points, among which may be mentioned the meagreness and impalpability of the very early symptoms of hip disease, the question of relief by traction and the difficulties which not infrequently beset the path of the surgeon, who attempts to treat hip-diseased patients at arm's length.

Matters in this instance have not from the first progressed as brilliantly as usual, and I shall be only too glad to afford you an opportunity of profiting by a recital of just what was found when the patient was first seen, what has been done, and the actual condition of affairs as you see them to-day.

One of the most important things to avoid in the practice of medicine, is self-deception on the part of the physician. No matter how cherished our therapeutic conceptions may be, no matter how flattering the results of our pet plan of treatment may have been in times past, we must always have the courage to face the facts, and whenever we meet with the history of a case that does not illustrate in glowing colors the efficacy of the therapeutic ideas which we entertain, we must have the courage to recognize the realities, however distasteful they may be, and seek for the disturbing factors in the case. It is only by submitting ourselves to this rigid self discipline that we can avoid attaching more importance to certain plans of treatment than is warranted by the evidence, that can be adduced in support of them.

From a volume of the clinical records of this department, we learn, that when our patient first came under observation in November, 1883, it had been noticed by his parents, that he had been limping slightly for about eleven weeks. He complained of no pain, but, upon questioning, admitted that he experienced some discomfort about the knee-joint occasionally, and became fatigued after a moderate amount of exertion. He was then six years of age. The family history, so far as furnishing etiological factors is concerned, is negative. There are eight other children, all living and in good health. Our patient had measles the winter previous to his coming under observation. A few months later he had chills at irregular intervals which gave way to quinine. He suffered when a baby from milk crust and had a slight eruption during infancy which was diagnosticated as eczema. He did not walk until he was two years old. The mother states that he had been losing flesh for some time.

Upon examination, it was found that there was some tenderness around the right hip joint when forcibly manipulated. The range of voluntary extenso-flexor motion in the hip joint was only slightly (3° to 5°) abridged. The limb could be freely adducted or abducted, without pain or discomfort. The

amount of muscular atrophy, which existed at a point about midway on the thigh, did not exceed a quarter of an inch. There was no swelling about any of the joints of the lower extremity.

You will readily appreciate the difficulties of basing a positive diagnosis on the above findings. The subjective symptoms were confined to slight discomfort about the knee joint after exertion and slight tenderness about the hip joint upon forcible pressure. The limp was about the only objective symptom which had been noticed up to this time,and had not it been for this limp, it is likely that the patient would not have presented for treatment at the time he did. There was, as you will observe, an absence of several symptoms of diagnostic importance—symptoms which are always present in the early stage of well marked examples of hip disease. For the purposes of a positive diagnosis we should have had in addition to the limp, significant of disability of the hip joint, at least three or four additional objective symptoms, viz., marked atrophy of the muscles moving the joint, marked diminution in the range of its voluntary movements, the existence of reflex muscular spasm and diminished faradaic contractility in the atrophied muscles.

As is my custom, when not able to make a positive diagnosis on the first examination, I requested the privilege of seeing the patient again. Sometimes it is necessary to resort to repeated examinations at successive intervals before a definite conclusion can be reached. It is extremely important that a correct diagnosis be arrived at before prescribing a course of treatment. It would be a very serious mistake indeed for a physician to prescribe a course of mechanical treatment, extending over many months, in a case not requiring such therapeutic measures.

It was not until two months later, January 10, 1884, that the second opportunity of examining our patient was afforded us. On this occasion we learned that he had been taking anti-rheumatic medicine since his last visit, under the direction of his family physician, and at first seemed to improve considerably. The apparent improvement was, however, only temporary. The evidences of disability in the hip joint increased. The patient limped more markedly and complained of pain about the knee joint. It required only a slight amount of exertion now to fatigue him. His sleep was morbidly disturbed and he had continued to lose flesh. He was more irritable and his appetite capricious. Upon our second examination great tenderness about the hip joint was elicited upon slight pressure. The muscular atrophy amounted to three-quarters of an inch. The reflex spasm of the muscles moving the joint was readily made out by inspection and palpation. The range of voluntary movements of the joint was now found to be markedly abridged in every direction. The patient had also had a little fever.

The picture of hip disease was now easily recognized, and, in accordance with my direction, a hip splint was ordered. It was directed that the patient should be taken home and placed in bed with Buck's extension (traction) applied.

It will prove instructive at this point to refer briefly to the splint which was ordered. I would say, that the object of this splint is to make linear traction on the joint of the hip to such an extent, as will relieve intra-articular pressure, prevent the concussion of the articular surfaces of the involved joint, and, in conjunction with the bandages which are applied, will overcome reflex muscular spasm. The aim of this instrument is, in short, to furnish the maximum protection to the diseased areas from disastrous traumatisms, and the placing of the movements of the diseased articulation under the control of the surgeon at all times. The splint ordered for this particular case is represented in

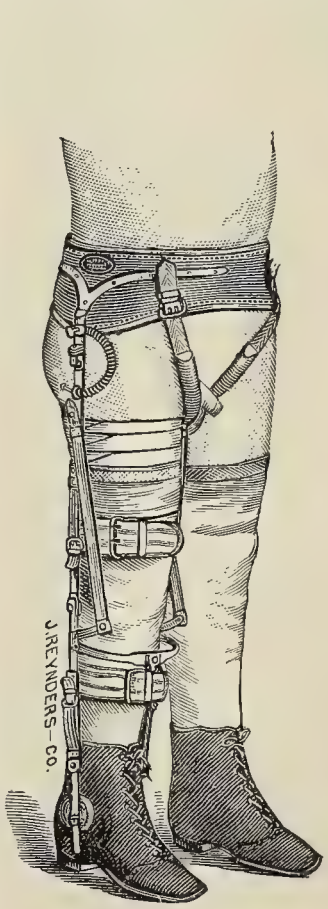


Fig. I.

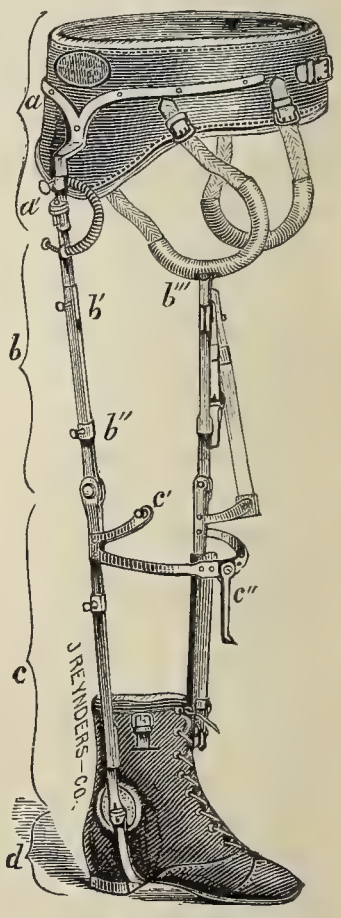


Fig. II.

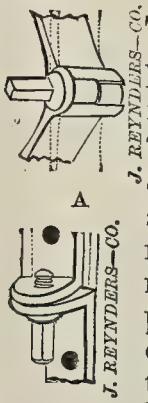
It is what I call my long bilateral non-traumatic hip splint. As will be seen from figure 1, the instrument consists of four segments, respectively corresponding to the pelvis, *a*, thigh, *b*, leg, *c* and foot, *d*. The segments which correspond to the thigh and leg are constructed with special reference to exerting continuous elastic linear traction. The mechanism by which this is accomplished can be understood by reference to Figure 3 which illustrates a single pair of elements. It consists of two light bars of steel, one of which is provided with expanded margins which have been turned over so as to form a shell through which the other bar slides, and by means of which the relative position of the two bars to each other is maintained. The upper or proximal end of this bar is converted into a rectangular loop which completely closes over the sliding bar, and on the summit of this a brass pin is soldered, A. The sliding bar is also provided with a brass pin on its lower or distal end, B. Any force which brings these two pins nearer together, must of necessity lengthen the instrument as shown by the dotted line in the figure. It must also, as a consequence, exert a tractile force on the part to which it is attached.

Fig. III.

In order to make this tractile force elastic, or in other words like manual traction, a strip of strong elastic webbing provided at one end with a button hole is slipped over the brass pin A. To the pin B which is screwed into the opposing end of the other bar, a buckle is attached. Now the extent of traction can be nicely regulated by tightening the elastic narrow strap by means of passing it through the buckle. As will be seen by reference to Figure I, a part of this element is placed upon the outside and inside of the thigh and upon the outside and inside of the leg. These are connected together by a simple hinge joint opposite that of the knee. Opposite the articulation of the hip a simple hinge joint connects the outer side bar with the pelvic segment passing over this joint. In front is a semi-circular rod upon which a coiled steel spring is placed, the action of which is to oppose flexion of the thigh on the abdomen. An adjustable nut on the curved rod furnishes the surgeon with the means of exercising his discretion as to how much motion at the hip joint shall be permitted. A ball and socket joint connects the proximal end of the inner side bar with an upholstered perineal saddle, which device is connected with the pelvic segment by means of two straps, one passing up from it anteriorly to the pelvic segment, the other passing up from it posteriorly to the pelvic segment. A perineal strap on the unaffected side passes to the pelvic segment in front and behind. The two joints just mentioned, permit of the movements of flexion and extension at the hip during locomotion, and in changing from the standing to the sitting position or the reverse.

In order to introduce into the instrument the movements of abduction and adduction, I made use of the ratchet clamps of Dr. Stillman, see figure IV. A, B.

Fig. IV.



They are placed just above the simple hinge joint connecting the outer femoral with the pelvic segment.

The clasp A is so placed as to permit of the movements of abduction and adduction, while the clamp B permits of rotation movements. These movememts, however, can only take place when the ratchets are loosened. Motion in all the joints of the lower extremity is thus permitted. This arrangement enables the patient to assume those protective attitudes, which, in health, he has learned to rely upon in the face of danger.

The sustaining power of this apparatus lies in its elastic attachments and not in the steel side bars or other metallic parts. The office of the sliding bars on the inner and outer aspects of the thigh and leg, is simply to give direction to the force exerted by the elastic side straps. The vibratory impulses resulting from the impact of the foot on the ground during walking, are transmitted to the metallic side bars. They are not, however, conducted through them to the perineum and pelvic segment, as with all rigid traction instruments, but are received upon the tense straps of elastic webbing attached to the side bars, which effectually prevent their further upward progress. We are thus provided with a self-acting non-traumatic mechanism constructed upon scientific principles and based upon the laws of impact and the rectilinear transit of vibratory impulses.

An advantage which this instrument possesses over those which project below the foot is, that the patient is permitted, see Fig. 2, to place his foot directly upon the ground in walking, the same as in health. The foot sense is thus preserved, which, as every body knows, is of the greatest possible service as a

sentinel against unpleasant and disastrous jars and traumatisms.

I have elsewhere[1] alluded to the great value of the foot sense, and have called attention to the fact that its value is particularly well illustrated in the use made of it by the blind to detect unevenness of the surface walked upon, and by the deaf and dumb in signalizing the approach of moving vehicles.

About the first of February our patient returned. Though considerable relief was experienced from the use of the weight and pulley, he was not made entirely comfortable by this means. The hip splint which I have already described was applied. In the application of this instrument, long and broad strips of adhesive plaster are used in precisely the same manner as in the application of any of the long hip splints. The lower ends of these strips of adhesive plaster are tipped with non-elastic webbing, which is passed through buckles that are sewed fast to the shoe on the inner and outer aspects of the ankle joint. Instead of using an ordinary roller bandage to secure the strips of adhesive plaster in position, I am in the habit, when the patient can afford it, of using silk elastic stockings. One should be provided for the thigh, one for the leg, and one to pass over the region of the knee joint. This makes a much more elegant and comfortable dressing than the roller bandage.

On February 27 our patient again returned to the clinic, his parents stating that though he had at first appeared to be more comfortable, he was by by no means entirely relieved. Examination of the instrument showed that it was properly adjusted and that the non-relief must be due to other causes. It was, therefore, removed and a careful examination of the patient made. Over the right gluteal region, or rather, directly over the posterior surface of the hip joint, there was found a circumscribed area of fulness, quite tense to the touch and distinctly fluctuating. The capsule of the joint was evidently ruptured.

Now these facts are instructive. In the first place, traction by means of the weight and pulley did not afford the extent of relief which it does ordinarily; and in the second place, when the hip splint which had been ordered was applied, the condition of affairs was not improved. In fact, it became considerably aggravated, owing to infrequent visits of the patient. The disturbing factor in this case was not recognized until the swelling and fluctuation about the joint had become well marked. You may always be certain, if you are dealing with carious involvement of any of the important articulations, that, if the patient does not get relief from application of traction and the circumferential compression of the muscles by means of the roller bandage, you have pent up inflammatory products somewhere. In this case we had to deal with them within the capsule of the joint. Owing to the fact that the capsule was greatly distended and the thigh somewhat flexed in consequence thereof, the traction, which ordinarily would have given relief, increased the trouble rather than alleviated it. The reason of this was that the traction did not permit the flexion of the thigh to take place, which was essential to the accommodation of the increased accumulation of pus into the cavity of the hip joint.

Now, another condition which gives rise to non-relief upon the employment of traction in examples of joint disease, is an abscess in the interior of the bone. The disease, commencing in the cancellated structure of the epiphysis or end of the bone, results in the breaking down of the bone structure and the formation of a cavity or bone abscess. In that form of caries which is known as moist or suppurative caries, the products of inflammation sometimes accumulate more rapidly, than the surrounding bony tissue becomes dissolved. The consequence is, owing to the inflammatory products not finding a ready exit, there results an intra-osseous pressure, which gives rise to a very great deal of pain and discomfort. Sometimes the disease, beginning in the interior of the head of the bone, results in the breaking down of tissue and the formation of an abscess, and yet does not give rise to any symptoms which cannot be relieved by linear traction and circumferential compression of the muscles. In such cases the products of inflammation do not increase more rapidly than the cavity enlarges, and consequently the destructive process may go on until the pus reaches the surface of the bone within the capsule, when the pus finds exit into the cavity of the joint. Here the pus accumulates until the joint cavity becomes distended and the capsule of the joint is submitted to extreme tension. If the capsule does not readily yield, and permit of the escape of its contents into the surrounding

1. The Fundamental Principles of Mechanico-Therapy in Hip Disease, Based upon a Consideration of Clinical, Pathological and Physico-physiological Data, with a Description of new Forms of Elastic Tension Hip-splints. Read before the Medical Society of the State of New York, Feb'y 6, 1884. Printed in the Transaction of that Society for 1885.

tissue, pain again is experienced by the patient.

Now, in none of these conditions can the symptoms arising therefrom be entirely relieved by any form of traction mechanism, or circumferential compression of the muscles.

This fact it is important that every physician should appreciate, in order that he may at once resort to such measures as will relieve the sufferings of his patient and permit the reparative process to take place.

You can readily differentiate as to whether the discomfort results from distention of the capsule of the joint or from an abscess in the head of the bone which has not reached the surface of the bone. In the former case the contour of the joint is distorted. If, however, you find that the contour of the joint is not distorted, and traction properly applied has failed to give relief, you may be pretty certain that you are dealing with a bone abscess.

Now, whether you are dealing with a bone abscess or with inflammatory products distending the capsule of the joint, or both, nothing short of affording some means of exit to the confined pus will relieve your patient, and the sooner this procedure is resorted to, the better for all concerned. In the case you have to do with a bone abscess where pus has not yet reached the surface, it is necessary to drill directly into the bone. My advice is to use a large sized drill, say a quarter of an inch or more in diameter, in order that the capacity of the outlet will be equal to the free and easy discharge of all the inflammatory products.

In the case of this patient we were dealing with an intra-capsular abscess, the result of a central ostitis, the pus finding its way to the surface of the bone within the capsule of the joint. Resorting to aspiration, I passed the needle in just above and on a line with the posterior border of the great trochanter withdrawing several cubic centimeters of pus. This gave immediate relief to our patient. The hip splint was reapplied and he went back to his home.

On the 13th of April he returned and the capsule of the joint was again found to be distended with pus. Aspiration was resorted to a second time, when the patient again became comfortable. Several weeks afterward he returned and it was found upon making another attempt at aspiration, that the capsule was filled with purulent pus.

Now, when you find this condition prevailing, never defer action for a moment. You should make a free incision at once, for the life of your patient is endangered by the retention of purulent pus in contact with the tissues. Under all circumstances it is desirable to get rid of pus, but with purulent pus we must act promptly. There is no way of postponing action that is in accordance with recognized methods of treatment. There is only one way to satisfactorily get rid of it, and that is by a free incision.

Had this patient been so circumstanced, that I could have had him under my immediate observation, I should have resorted to a free incision under antiseptic precautions, when I detected the existence of pus.

The patient, however, returned to his home after this last visit to our clinic and has not since been seen until today. His absence has covered a period of more than a year. We learn from his parents today, that he has not been wearing his instrument, nor resorting to the use of the weight and pulley, except for a short time after his last visit to us. During all this time the patient has had the advantage, only, of what is known as the expectant plan of treatment, viz., he has had good nursing at home, plenty of food, his wound has been kept clean, and he has been waiting patiently for the reparative process to take place.

Upon examination today, we find that the thigh is flexed and pretty firmly fixed by adhesive bands at an angle of 35°. He complains of very little pain and the active symptoms of the disease seem to have almost wholly subsided. The tremulous condition of the muscles can no longer be appreciated by inspection or by the sense of touch, as it was once possible to do, so marked was the reflex spasm. Pus is still being discharged by two sinuses, which open on the outer aspect of the thigh, below the trochanter.

If my advice is followed out in this case, the hip splint which was originally ordered, will be reapplied, and an endeavor will be made to improve the position of the limb and increase the range of motion in the joint.

—A cablegram from Madrid states that the Spanish Sanitary Council has authorized the practice of inoculation of Dr. Ferran, in the event of a recurrence of cholera in Spain. This in the face of the notorious worthlessness and danger of Ferran's practice!

—A New York physician boasted at dinner that he had no fear of trich næ, because he cured his own hams. "Well," said a lady guest to him, "I think it would be preferable to be your ham than your patient." The doctor fled to Germany.—(Med. and Surg. Reporter.)

SELECTION.

LETTSOMIAN LECTURES ON SOME MOOT POINTS IN THE NATURAL HISTORY OF SYPHILIS.

Delivered before the Medical Society of London, 1886.

BY JONATHAN HUTCHINSON, F. R. S.

Emeritus Professor of Surgery to the London Hospital College.

(British Medical Journal.)

INFLUENCE OF MERCURY AS AN ANTIDOTE.—RECURRENCE AFTER LONG TREATMENT.—CONCLUSIONS.

INFLUENCE OF MERCURY AS AN ANTIDOTE.—Amongst the questions which may fairly be considered as moot points in the natural history of syphilis, we may count those which concern in relation to the specifics used in its treatment. The claim of mercury to rank as an antidote to the virus of syphilis, has, I think, been much strengthened by the results of recent experience, aud it is one of extreme importance in reference to a very important department of general pathology and therapeutics. In connection with it, we may suitably bear in mind the great repute which weak solutions of corrosive sublimate have recently obtained in the prevention of septic processes in wounds. In former times, when mercury was given in large doses and allowed to produce violent effects, and when of necessity its administration was frequently interrupted, the development of constitutional symptoms in some form or other was so constant, that much hesitation was felt by all as to the use of such a word as "antidote." Of late years, we have got into the habit of using only small doses, and giving them over very long periods, carefully taking every precaution against the necessity for interrupting them. I will ask permission to state briefly my own rules of practice, and the impressions which I have formed as to results. As those impressions have been formed for many years chiefly in private practice, and amongst patients concerning whom I have often had opportunities for obtaining information over long periods, I am in a position to speak with much more confidence as to results than would otherwise have been the case. The remedy which I have used almost exclusively has been the grey powder, and the dose usually not more than a single grain. This dose I have given from three to six times in the course of twenty-four hours, according to circumstances, and seldom for a shorter course than six months in the first instance. If this dose be given to a patient with an indurated sore, but in whom, as yet, no secondary symptoms have appeared, the result will usually be that none will occur. If the rash have already made its appearance before the treatment has commenced, as a rule it quickly fades; and so long as the patient continues the remedy he remains free. The exceptions to completeness of freedom concern chiefly the mouth and throat.

It is very seldom indeed that there is any difficulty in keeping the skin perfectly clear. In the tonsils, and sometimes in other parts of the lining membrane of the mouth, sores will occasionally form; and, although these are in a general way amenable to an increase of the dose, and to the local use of the drug (as a black-wash gargle), it is to be admitted that there do occur occasionally cases in which it is difficult to be sure that the supposed remedy does not aggravate the disease. In a large majority of cases, however, in which, beginning at an early period, the patient is put under a six months' course, during the last four of this period, he is absolutely without symptoms and apparently in excellent health. If, however, at the end of this time, the remedy be stopped, in many cases a very remarkable proof of its antidotal efficacy will occur. We shall find that it was it, and it alone, which had held the poison in inactivity. For, in spite of the long period of absolute quiescence, an outbreak of symptoms will occur within a few weeks of its suspension. This outbreak is usually a very mild one, but is, nevertheless, very definite, and it is general. It usually takes the form of a erythematous or lichenoid eruption, occurring chiefly on the trunk, and is not often attended by sore throat or other symptoms. Although it may now and then be papular, I have never seen it approach in severity the eruptions which we often see in cases which have not been treated. In more than one case, I have known this eruption which comes after the suspension of mercury mistaken for scarlatina. It is always, I believe, amenable to mercury, disappearing in the course of a few days, or at most a week or two, and seldom recurring. There is, however, another very peculiar eruption which sometimes persists for a long time, and recurs over and over again. I have been in the habit of speaking of this as the "after bath eruption." It is a

very trivial affair, and consists chiefly in the appearance of a number of faintly marked erythematous rings, which are seen only on sudden exposure of the body to cold, as on first getting out of bed, and especially after the use of the morning bath. Nine out of ten patients notice them only under the latter condition, and they generally fade away almost completely after a few hours. These rings are seen most frequently on the arms, but sometimes on the trunk and thighs. They are unquestionably syphilitic, and the liability to them usually ceases on recurrence to mercurial treatment. They are seldom or never attended by other manifestations of the disease.

Respecting the results of treatment in general, I believe I may with truth assert that I have never, in any single case of late years, seen a severe eruption on the skin develop itself after a mercurial course of the kind indicated had been commenced. It is a fact, then, that the remedy manifests antidotal power in that it can not only remove, but anticipate and prevent, by far the most conspicuous manifestations of the disease. I cannot make so strong an assertion respecting some other of the symptoms of the latter part of the secondary stage. I have seen iritis, and neuro-retinitis, occur occasionally, with even some severity, in cases which had been well treated; and, in very exceptional instances, I have witnessed disease of the arteries of the brain. In a large majority of cases, however, a six months' course of small doses appears to be adequate to the complete and permanent cure of the disease. No relapses occur, and the patient remains afterwards in excellent health.

We may admit that it is a question which must be left open for future accumulation of evidence, whether the antidotal repression of the secondary stage is influential in preventing the development, after a long interval, of tertiary symptoms. That it does not do so always, is abundantly proved. I cannot but believe, however, that it does exercise a very powerful influence in that direction, and that the diminishing frequency and severity of tertiary disease in modern times is largely due to better regulated treatment. It is often matter of remark that those who do suffer seriously after long intervals, are those in whom the early symptoms were exceptionally slight, and treatment in consequence not persevered with, or almost wholly omitted.

In urging the antidotal efficacy of mercury as a fact in the natural history of syphilis, I have not in the least wished to claim superiority for the special form of administration which I have mentioned. I do not doubt in the least that the advocates of other methods, such as those by inunction or by the vapour-bath, can produce just as good results. The essential point seems to be that the treatment should be very long continued, or, if not, the short course should be repeated without waiting for symptoms. The method which I have advocated is simply one of the most convenient.

It is a question of some interest whether syphilis has any tendency to develop itself by, so to speak, a series of successive waves. It is certain that we do observe periods of very sudden and acute outbreak, and that these sometimes follow after others of complete quiescence. Such facts are especially noted during the development of the secondary phenomena; but it happens, every now and then, at much later periods, that a patient who has been well for years suddenly has new symptoms occur, not only in one, but in several different parts of the body at once. This is, however, infinitely more rare than are the sudden and acute recurrences of symptoms which we often witness during the first year of the disease. The fallacy which besets our observations on this point is the one which meets us at all turns in our attempts to study the natural history of syphilis; it is this, that the phenomena may be connected with the intermittent employment of antidotal treatment. The worst cases of rupia which we see occur usually under these conditions, the patient having been cured of a first and much milder outbreak of eruption, and then, after an interval of some months, becoming the subject of a more severe one.

There is a very severe form of rupia, in which the ulcers coalesce over large surfaces, and the crusts thus lose the typical limpet-shell form. Of this I have seen but very few examples, and the two which have made the most impression on my memory, were almost exactly alike. The violence and the suddenness of the second outbreak were, in each case, most marked. The first occurred to me at the London Hospital, nearly twenty years ago, in the person of a young man named K. I had treated him for a mild attack of secondary symptoms with the usual papular eruptions, and he had got, apparently, quite well. He desisted from treatment, and I lost sight of him for some months. At the end of this time, he came back with a vesicular and bullous eruption just beginning on his face. In conformity with the opinion of those days that mercury ought to be avoided for such eruptions, I gave him the iodide of potassium. The eruption blazed up with extraordinary

quickness, and in the course of a week his whole face was covered with crusts; there were many also on his limbs. He became extremely ill, was confined to bed for several months, and was so much emaciated that we thought he would die. At first a mixed treatment of iodide of potassium and mercury was used, and for a while it seemed powerless. Ultimately, under the influence of mercury alone, the man recovered, but with a lamentable amount of scarring. Almost the whole of his face was involved in scars, and his lower eyelids were displaced downwards.

The exact counterpart of this case came under my observation not long ago. A young gentleman of fortune suffered from primary disease at Christmas 1884. He had a sore, which was both exceedingly hard and deeply ulcerated. This sore healed under the influence of full doses of bichloride of mercury, leaving a deep depressed scar in the glans. In April, after about three months' treatment, it was laid aside, as the patient appeared in excellent health, and had had neither rash nor sore-throat. Through the summer he remained well, but towards the end of September what he described as a slight red rash, which lasted only a few days, occurred on the chest. So far as is known, no specific treatment was used for this. No sooner had it faded, however, than some blisters appeared about the lips, and, spreading with great rapidity, in the course of ten days or a fortnight covered his whole face and neck. At the same time, others appeared on the buttocks, and a week or two later all over his limbs. The trunk, with the exception of the buttocks, remained free. The bullæ became confluent, and large heaped up crusts, covering areas as large as the palm of the hand, were formed. The ulceration was deep, and on the back of one hand the tendons were exposed. For nearly a month, the disease continued to develop, in spite of the use of specifics. The patient was confined to bed, and was in the most loathsome condition. He became exceedingly emaciated. The treatment under which he finally recovered was the use of the bichloride of mercury in doses of one-eight of a grain with five grains of iodide of potassium, the sores being dressed very liberally with a weak nitrate of mercury ointment. When I saw him in the early part of December, he was still confined to the house, though not to his bed. His face, with the exception of two small patches, one in the middle of each cheek, was wholly involved in scar. The lower lids were everted, and dragged down to the utmost possible extent. The alæ nasi were destroyed and the contraction of the scar around his lips had everted the prolabia, and so fixed his mouth that he could with difficulty open it. The cicatrisation of the skin of his cheeks had so much contracted them that it made the mucous membrane bulge between his teeth, so that he bit his cheeks in eating. The scars left on his neck, shoulders, arms, and hands were very peculiar; few of them were quite round, but all were abruptly margined, and in many cases it was clear that they resulted from a confluent group of bullæ. Most of them were slighty raised, and looked as if they were in an early stage of keloid; but I was assured that their thickness was diminishing, and not increasing. Most of them were of a deep purple color, but a few were quite pale. The scars on the legs were purple, almost to blackness. The buttocks were covered by a great number of little button-like scars, and on these parts there were no large ones. The healing was complete on all parts, with the exception of two or three spots on the legs. The symmetry in the arrangement of the scars was almost absolute.

Several important points are to be noted in this case. First, the disease, which had fallen with such great severity on the skin, had entirely avoided the mucous membrane. There had never been any sore-throat, nor, with the exception of a slight soreness of the gums from the mercury, any sores in the mouth. Secondly, the location of the eruption was on the limbs and face only. If we count the scapular regions as belonging to the upper extremities, and the buttocks to the lower ones, there was not a single spot on the trunk. Thirdly, the arrangement of the eruption was more like that of psoriasis than of a syphilide. Thus there were large livid scars on the tips of the elbows and fronts of the knees, and on the backs of the hands; whilst the fronts of the arms and the palms were exempt. Fourthly, the scalp had been throughout absolutely free. Fifthly, the subsidence of the eruption on all parts under the influence of mercury had been most definite and complete, although in the first instance this drug, which was begun early, had seemed to exert no influence in preventing the outbreak.

Let us for a moment contrast such cases as the two which I have just adduced with some mentioned a little earlier, in which very mild eruptions appeared on the disuse of mercury after the prolonged use of small doses. Under the latter conditions, the eruption, although of common occurrence, is never severe. After short courses, especially if attended by salivation and sudden com-

plete stoppage of treatment, these severe recurrences are not, I think, very rare. They suggest the inference that the poison is in some way retarded in its development by the antidote, but that it is not destroyed, and that it posesses the power, after a rest, of still displaying its utmost rigor.

Conclusion.—And now, Gentlemen, in conclusion, allow me to recapitulate. I have urged that many of the phenomena of syphilis usually counted as tertiary really occur, as a rule, in its early periods, and that there is no structure in the body which may not be attacked in the secondary stage. As instances of this fact, I have mentioned rupia, periostitis, and diseases of the viscera and of the nervous system. If my argument holds good, we must regard the terms secondary and tertiary as applicable to different periods of time, and not to different phenomena. At the same time it has been fully admitted that syphilitic processes do display different tendencies in relation to the stage in which they occur. The position assigned to the tertiary symptoms has been that of late relapses of morbid processes, in tissues previously damaged. In this way it has been suggested that syphilis may occupy an important part in predisposing to such maladies as locomotor ataxy, without actnally causing them. Lastly the relation of mercury to the natural evolution of syphilis has been discussed, and I have tried to claim for it the position of an antidote to the virus, asserting that not only can it cause symptoms to disappear, but, if used early enough, will entirely prevent them.

On Treatment of Impotency.—Dr. Ultzmann, of Vienna, has recently published (Urban and Schwarzenberg) a little pamphlet which contains many points of interest to the practitioner. (*Deutsche Medizinal Zeitung Therapeutic Gazette*).

The various forms of impotence are classified as follows: (1) Organic impotency. (2) Physical impotency. (3) Impotency from irritable weakness. (4) Paralytic form of impotency.

1. Organic impotency depends upon structural defects or morbid conditions of the part (hypospadias, epispadias, elephantiasis, and tumors of the penis), and is usually absolute.

2. The physical form is usually temporary, and especially frequent in nervous individuals. Causes are onanism, gonorrhea, prostatitis, inflammation of bladder or testicles, or, finally, lack of confidence (which increases the function of the inhibitory nervous apparatus). It is a strange fact that some men can not execute the act with certain women, unfortunately often their own wives.

3. Irritable weakness leads to a premature seminal discharge; the cause is often onanism or too great an impetuosity.

4. In the paralytic form there is no erection at all; diabetes, morphinism, and affections of the central nervous system are the work of ordinarily etiological factors.

The prognosis is mostly unfavorable in No. 1, a surgical interference being more promising; Nos. 2 and 3 offer a favorable prognosis. The therapeutics consist of general measures (quinine, iron, cold-water cure, mountain and country air) or local impressions. These are intended to produce erections by artificial means, such as by a surprise as to time and manner, and to thus restore the confidence of the patient in his own capacity.

There are three means of producing an artificial erection: (*a*) The progressive bougie-cure with metallic instruments. (*b*) The cold-bougie (die Kühlsonde) or Wintermitz's psycrophor. (*c*) Introduction of astringent urethral suppositories with Ditte's porte-remède, or cauterization of the prostatic portion with Ultzmann's dropper.

This treatment is also applicable in impotency caused by irritable weakness as the reduction of the hyperesthesia and excessive excitation is here the true indication.

In the paralytic form the prognosis is naturally doubtful, though the stated local procedures and faradization lead, not infrequently, to gratifying results.

Tartar Emetic in Tetanus.—We notice in the *London Medical Record*, a reference to three cases of tetanus, two traumatic and one rheumatic, successfully treated with tartar emetic. Five centigrammes were given the first day in one dose; twenty centigrammes were given in divided doses the next day. The dose was increased until forty centigrammes a day were given.

WEEKLY MEDICAL REVIEW,
EDITED BY
THE MEDICAL PRESS AND LIBRARY ASSOCIATION,
914 LOCUST STREET, ST. LOUIS, MO.

SATURDAY, MAY 1, 1886.

OUR DEPARTMENT OF RAILWAY SURGERY.

We desire to draw the attention of the railway surgeons of the United States to our new departure, made for their especial benefit. In this issue appears our first report upon the subject, and we trust that all will find it of interest. That the subject is an important one, and that the railroad surgeons of America form an important body of workers whose zeal is supplemented with great resources, we fully appreciate. The literature, at this writing, is in a somewhat nebulous state, but we feel sure that our aim in the direction of developing, systematizing and concentrating the great energies of these workers, and the material at their command, will be successful.

We realize, that there is scarcely a town situated upon the line of a railroad, but that has some surgeon in it, that has been called directly in contact with these cases; and realizing, how completely interwoven with their social and material interests direct, and conceiving it to be so directly and intimately connected with their almost every day duties, we believe that this departure will supply a want in a direction, which is preeminently practical.

In order, then, to secure the best results, the co-operation of all interested in the subject is requested.

We propose to present a regular monthly report upon progress in this department, the same as in all the other departments of our journal. This report we hope to make valuable to the profession at large, but more especially to those directly interested. We shall also open a column in which everything of interest to the railway surgical service in the way of personal, special and general news will be presented weekly. We desire the gentlemen of the United States Railway Surgical Service to consider the WEEKLY MEDICAL REVIEW their own.

THANKS.

We are indebted to many of our readers for kind words of appreciation of the conduct of the REVIEW. The increasing circulation, alone, would give us encouragement, but we also value the many messages, which assure us that the REVIEW is gaining its proper place in the estimation of the profession. Care and watchfulness, with a determination to reflect truly and fearlessly the opinion of our guild, can make a journal succeed, and in keeping with this statement we may say that the issue of the REVIEW this week amounts to 10,000.

THE ST. LOUIS MEETING OF THE ASSOCIATION OF AMERICAN MEDICAL EDITORS.

It appears the general wish of members of the Association, that the next meeting should be in the form of a dinner—a good, long, continued dinner—a few hours, when that model of patience and work, the medical editor, can have plenty to eat and nothing to do. So shall it be!

A question has arisen as to the form in which this first Association dinner shall be given. Before it was known that there would be any deviation from the usual custom, the Medical Press Association of St. Louis had decided to extend an invitation to the Association, and had partly completed the arrangements. After consulting with a number of the members, the plan will be carried out, and next year, and afterward a "European dinner," if the Association pleases.

The secretary of the Association writes, that what we propose will "fill a want long felt."

Dr. H. O. Walker, of Detroit, the President of the National Association, having appointed Drs. I. N. Love, H. H. Mudd and W. B. Outten, as a committee to arrange for the an-

nual meeting, the same gentlemen were appointed by the Medical Press Association of St. Louis, as a committee, to arrange for the diuner to be tendered the National Association.

The committee wish to report that the annual meeting and dinner will be held at the St. Louis Club, S. W. cor. 29th and Locust Sts., at 8 P. M., Monday, May 3, 1886.

The St. Louis Training School for Nurses.

This is one of the praiseworthy institutions of our city. It commends itself and we are sure that no more interesting or instructive charges to graduates have been given for many a day, than the address of the President of the Training School, which we give in another column.

Physicians need not to be told of the demand, of the necessity for good and intelligent nurses. They are being provided now, thanks to the labor of the ladies in charge of the school and their intelligent management. We shall refer to this good work from time to time.

The Daily Issue of the Review.

As announced in the previous number, the Review will be issued daily during the meeting of the Association. It can be found each morning at the Press Headquarters in the main building. Members, reading papers or taking part in discussion, will oblige the editorial staff by leaving a synopsis of their contributions with the representatives of the Press Association in the director's room.

Medical Press Headquarters of the Association.

The Medical Press Association has through the courtesy of Col. J. H. Johnson, of the Exposition management, been tendered the use of the directors' room in the Exposition building during the meeting of the Association. The room is immediately opposite the secretary's office, near the main entrance on Olive St. Members of the Medical Association and of the Medical Editors Association will be welcome at any time.

Steamboat Excursion to New Orleans.

The Review has secured, through the courtesy of Capt. John A. Scudder, President of the Anchor Line of Steamers, excursion rates for all members of the American Medical Association for a trip to New Orleans and return. By the payment of thirty dollars, (the usual rates are forty dollars), the round trip, including berths and meals and a stay of two or three days in New Orleans, is obtained. Such as desire to avail themselves of this generous offer, need only present their certificate of membership in the Association. A delightful boat ride of twenty-four hundred miles, and first-class board and lodging for three weeks, furnishes an excellent opportunity of rest to tired and worn-out physicians, and is cheaper than staying at home.

Graduating Exercises of Nurses' Training School of St. Louis.

A large meeting in Memorial Hall, Monday, April 26, showed the interest felt in this institution by the citizens of St. Louis. It was the first commencement and four graduates received diplomas: Henrietta G. Loba, of Manchester, Mo.; Ada C. Brown, of Carlyle, Ind.; E. D. Craig, Clinton, Io., and E. M. Strick, El Dorado, Kan. Mr. J. G. Chapman introduced Judge Breckinridge, who in his remarks said:

The command the ladies had put on him to speak that night was one that he could not disobey. Of all the charities, the kind of charity of the Nurses' Home was the best. The world had far too little of that true charity which for all mankind was the great concern. To religion, and to Christian religion, was to be ascribed the building of hospitals, asylums, reformatories, dispensaries and alms-

houses. To it was to be ascribed the work of those noble women before him. By examining the annual report he had noticed that nearly all the contributions were of the tender sex and this would need to be remedied. He approved of the way in which the governing body was composed. Ladies have taken the matter up and ladies should carry it through. The noble mission of trained nurses could not be overestimated, and he wished it every success.

Dr. Mudd followed with a short address in which he said, that all the leading physicians of the city would welcome the graduates of the Home into their new sphere of labor. A physician could do much in combating disease, but a great deal remained to be done in the department of successful nursing. He wished the new graduates all success in their new undertakings.

The President, Mrs. Pulsifer, then presented the diplomas and said:

"It is my duty to present to you the diplomas you have so faithfully earned, but before doing it let me thank you for your patient, faithful work during the two years you have been with us. Only those who have followed you day after day, since the training school began its existence, know how hard this pioneer work has been.

We thank you for the heroism which made you persevere. Our affectionate interest will follow you, as it never can those who come after you. We ask you to remember, that the reputation of our school and of trained nursing in this city depends largely upon you. Physicians and patients will decide favorably or otherwise, according as you do your duty, well or ill. Your first duty is to the physician; to him you owe the most complete loyalty, and prompt, intelligent, careful obedience.

No one who has not acquired the habit of conscientious obedience to orders, whether she approves them or not, has a right to be considered a "trained" nurse. There are many excuses for ignorance, but none for disobedience. The efforts of the most skillful physician can be thwarted by a careless or unconscientious nurse.

Equally skillful physicians, having equally good results, differ often in the treatment of similar cases. Do not, therefore, presume to sit in judgment upon methods, which are new to you, and never discuss the treatment with the patient or with friends. Loyalty to the physician includes encouragment of the patient's faith in him. There can be no rivalry or clashing between the work of a doctor and a nurse. Nursing, well done, offers a sufficiently broad field for all your energies, and anything like prescribing for, or diagnosticating disease would be vulgar quackery, and would be a sad commentary on your ignorance.

You have but begun your knowledge of nursing. Let it be the work of your lives to perfect yourselves. Every new case should teach you something, and be sure you hold yourselves in a receptive and teachable attitude. Aim at the highest excellence in your work. Cultivate your mind and your manners, since everything which makes you more of a woman will make you a more acceptable nurse. Real merit will, in the end, gain recognition, but do not attempt by assertion to win it. Remember, always, the more one knows, the more unassuming he is.

Do not expect gratitude or appreciation; learn to do your work faithfully without them, aud never let their absence keep you from a cheerful and conscientious discharge of your duty.

Let me especially caution you to be discreet. Never talk about your experience in nursing, or your own personal or private affairs, and above all the private affairs of those in whose families you have nursed. Gossip of this kind is unpardonable, and will surely be condemned by those even, who are most curious to hear.

Take such pride in your work as will keep you rigidly to the ideal standard of a trained nurse. Never consider anything menial which will add to the comfort of your patient, and under no provocation display impatience. Be calm and self-contained. Preserve your pres-

ence of mind in emergencies. Control even the expression of anxiety in your appearance. Keep your wits about you, that you may know what to do, and what not to do.

Be absolutely truthful and honest. If you have forgotten to carry out directions, or if you have made a mistake in carrying them out, be sure and report your omission, or commission. Mistakes can, perhaps, be forgiven, and in the future corrected, but a failure to report them is unpardonable.

Cultivate a low voice and unobtrusive manners, and be scrupulously careful as regards your personal appearance.

Do not ignore your health. If you would do good nursing you must have good health, and a reasonable amount of fresh air, rest and food are necessary for this. If those whom yon serve forget your needs in this respect, by tact you can explain to them, that it is as as much for their interest, as it is for your own. It will much oftener be your own fault, than your employers, if this is neglected. I am not now speaking of those times when self should be utterly forgotten, and the only thought be for the sufferer. This advice you have often heard, but our interest in you and our great desire that you satisfy both physician and patient leads us to repeat it.

You are human, and you will make mistakes, but keep your ideal ever before you."

Dr. Elliott followed with a few words on the good work that the Home was doing, and his experiences during the war and in private practice of the tender care of women bestowed in nursing.

This is the first installment of nurses educated in St. Louis. Others are on the way and will be in demand. Already one of the four graduates has been offered the position of chief nurse at the Protestant hospital. A quick and strong endorsement of the St. Louis Training School for Nurses!

Irrigation in Bowel Diseases in Children.

An eminently practical article on the therapeutic value of irrigation in treating diseases of the bowels in children is contained in the *Archiv fuer Kinderheilkunde*, written by Monti, the well-known Vienna clinician and specialist in children's diseases. The article is contained in the *Manchester Medical Chronicle* for April and deserves special reference at this season, when we are on the threshold of all the anxieties and perplexities incident to summer diarrheas and enteric difficulties.

As regards the method of executing the operation, nothing special is said. An ordinary fountain syringe, holding from two to four pints, with a soft tube one or two yards long, and a har d rubber nozzle and a stop cock is used. Soft tubes or gum-elastic catheters can be fitted on. If the fluid is to be retained, an obturator is added, consisting of a truncated cone of soft gutta-percha, which is perforated in its long axis in order to let pass the catheter. This cone is oiled and passed into the rectum, where by its expansion it occludes the passage. A low pressure is advised, and suspension if straining is apparent. About 2–2½ inches of soft catheter may be pushed into the rectum in the new-born. Experiment justifies us in saying that practically the whole of the large intestine can be irrigated. The ileo-colic valve may be passed, but only in such cases where abdominal pressure and peristalsis are inoperative.

In speaking of the application of the measure in the special diseases, Monti says, that in dyspepsia the irrigation at once removes tympanites and undigested caseine, half decomposed masses of fat or amylacea in acid fermentation. Colicky pains, that prevent sleep and cause convulsions, are at once stopped. Simple enemata never accomplish the desired result. The author rejects as useless the much-lauded aromatics, such as camomile, anis-seed and fennel water, that only increase acid fermentation. The quantities of water used should be adequate to fill the whole bowel up to the ileo-cecal valve, and vary with the age and weight of the child. In the new-born, weighing under 6½ pounds, seven to ten ounces are enough; in heavier children, ten to fifteen ounces; in sucklings in the first

four months, seventeen to twenty ounces, and so on up to forty ounces. Percussion of the colon tells us when the bowel is filled. If colic comes on, allow the fluid with the gas and solid ingesta to escape; then resume and finish the operation. In chronic dyspepsia the proceeding may be practiced twice daily for some time.

In coprostasis the accumulations come away by irrigation, properly done. Some laxative may be injected with the water.

In habitual constipation, not alone accumulated feces are removed, but also the inertia of the bowel is overcome. The irrigation should be made at a fixed hour and a large quantity of water used. And the temperature of the water becomes an important factor. In the beginning of this methodical treatment the water should be about 86° F., and gradually a temperature as low as 55° F. is to be reached.

The value of the practice in enteritis follicular is denied by Henoch, but Monti is emphatic in favorable recommendation. He says: "Thorough irrigations of the large intestine are indicated in all cases of enteritis without exception, mild or severe, acute or chronic. The regulation of the diet on definite principles, and the irrigation of the bowel, either with water or medicated fluids chosen according to the indications present, are the only rational measures that can be taken in all cases of enteritis. I treat all my cases of enteritis with nothing but suitable diet, and locally with carefully managed irrigations of the intestine, and only in exceptional cases do I ever give internal medicine. The irrigations must be commenced at once, whether the symptoms are local or general; waiting till the case is more serious, is only depriving ourselves of a valuable mode of treatment. There are really no difficulties in the way of any one carrying out this treatment. Large quantities of fluid must be injected. Mere clysters are useless. I begin the treatment of acute enteritis with an irrigation of water. The temperature of the water should vary with the severity of the disease. In slight cases, where the stools are just slimy where the tenesmus is moderate and there is no fever, I use water at 72° F., in severe cases I take fresh water from the tap. The first washing out, if properly done, is generally followed by good results; straining ceases and there is no motion for several hours. As soon as the straining and characteristic dejections disappear an astringent irrrigation should be given. One or two per cent solutions of tannin or alum may be used, or a half per cent solution of acetate of lead. Disinfecting solutions, carbolic, salicylic, or resorcin, do not do good in acute cases. These injections should be given twice a day until the pathognomonic stools disappear. In all cases of chronic enteritis, with putrid dejections, disinfecting solutions of benzoate of soda, boracic acid, resorcin or salicylate of soda should be used, and after the dejections have ceased to be putrid, astringent or simple irrigations should be employed."

In catarrh of the small intestines, Monti considers the irrigation of the large intestine as only an aid to internal and dietetic treatment.

Also in infantile cholera he believes the irrigations indicated only at the beginning of the attack and before collapse is manifest. In collapse they should be discontinued. Three irrigations at the commencement of the cold stage, either of one per cent of common salt, or two per cent of tannic acid, and in severe cases as olution of benzoate of soda, 50-100 in 1000 parts, or six drops of creasote in 1000 parts, are useful.

Irrigations are indicated in all cases of dysentery and of conspicuous service. Water is first used to wash out the bowel, and cold compresses to the abdomen are made. Iced milk and tea with lemon and rum are given. The next irrigations should be astringent as described for follicular enteritis, two or three a day being administered.

Monti has also employed weak solutions of common salt (a dram to thirty-five ounces) to remove tympanites in abdominal typhoid fever; the temperature should be about 66°

F., large quantities being necessary to secure good effects. Astringent solutions of a mild character benefit profuse diarrhea. No extended trial of the method has been had in this ailment.

Caution is necessary in cases of typhlitis or perityphlitis; much harm can come from irrigation during the periods of active mischief, when the temperature is much elevated. Also in invagination of the bowels. Unless the seat of it is in the colon, especially the descending colon, and the intussusception is recent and not too extensive, no good can be expected from irrigation. In ileum or ileo-cecal invaginations success is rare. The author advises a warm bath for a half hour of 95° F. previous to the injection, the patient in addition being chloroformed to relax all muscular effort. The pelvis too should be raised very high. And to this end we believe that the posture proposed by Carl Nicolaus, the knee-shoulder posture, as described in the Review, March 13, 1886, would be a highly proper and useful one. A soft catheter or tube should be introduced as far as possible into the bowel, and the water introduced at a low pressure first. On regurgitation stop the procedure and then cautiously begin again, increasing the pressure. Use external manipulation at the same time. If water fails to reduce the obstruction, air may be insufflated or carbonic acid water. Luke warm water should first be used to relax the bowel and enable the introduction of a large quantity of water. The finish may be with ice-cold water to excite peristalsis.

Helminthiasis also, especially cases of oxyuris vermicularis, pin worms, were successfully treated by the complete irrigations repeated a half dozen times or more on successive days. To clear the small intestine, a purgative should first be given. Medicinal soap, 1-5 parts to 1000 parts of water, is the best irrigation in such cases.

Taenia were also treated by the combined method of washing out the bowel in the morning with 2-4 pints of luke-warm water; the same is done in the evening with the addition of a purgative. Next morning pomegranate is given by the mouth, and, after the first evacuation, a solution containing pomegranate is thrown up into the lower bowel.

The article, all in all, contains many practical points based upon rational thought and actual experience.

TO OUR SUBSCRIBERS.

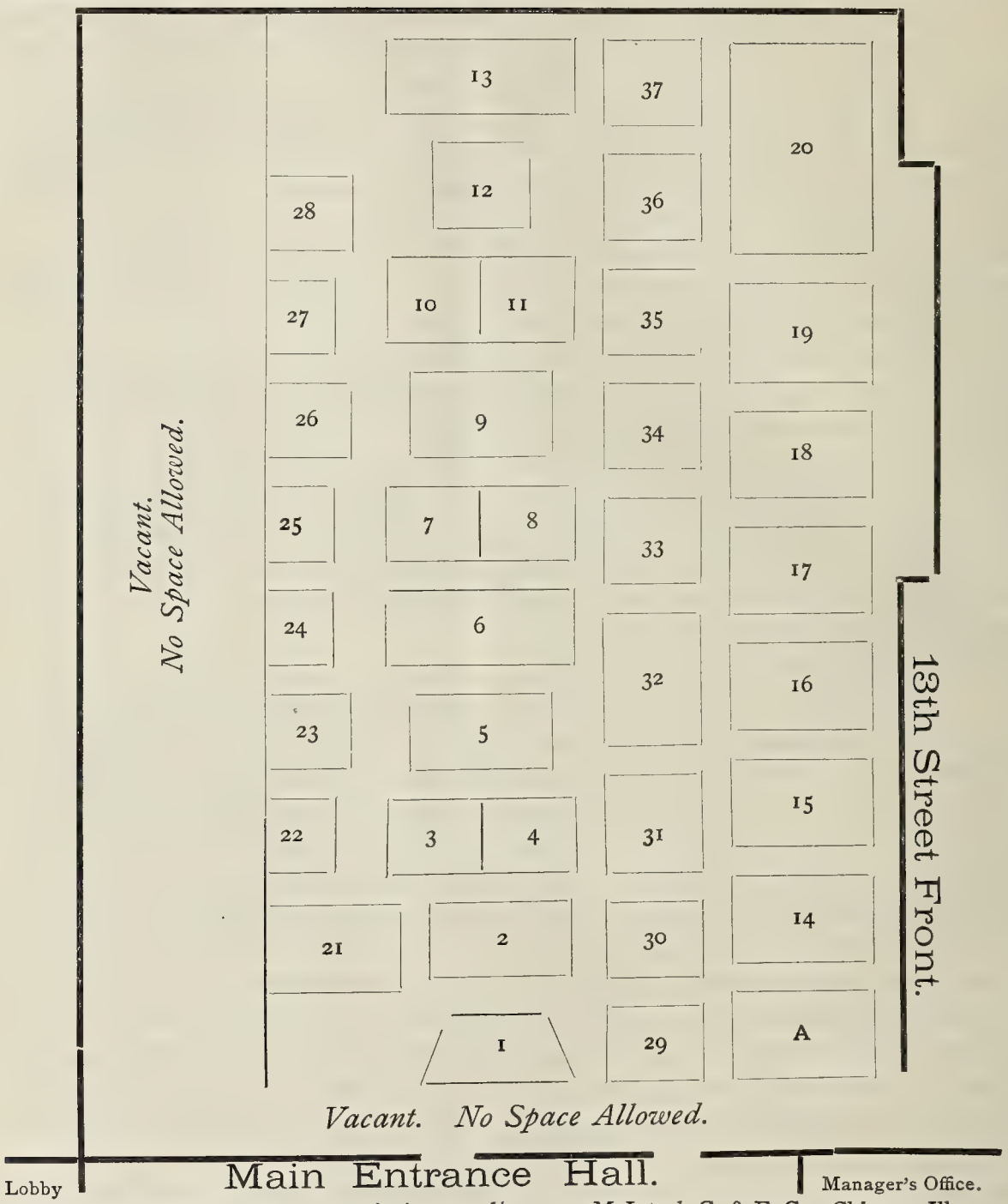
While the larger number of our subscribers have paid their subscriptions promptly, for which we are thankful, we desire to inform those who have not paid for this year, that, being compelled to pay our printer's bill promptly, we should like them to remit amount due at once, and save themselves expense of our making draft.

How to Tie the Umbilical Cord.—Engel, in the *Centralblatt fuer Gynecologie* (*Manchester Medical Chronicle*) strongly recommends that the cord should not be tied until pulsation in it has completely ceased. The importance to the child of the small quantity of blood thus saved, appears from the following consideration. In the Klausenburg Hospital the treatment advised was adopted in all premature births during the last four years, and the practice of ligaturing the cord immediately on the birth of the child was followed in the four years preceding. In the first group of cases there were 74 such births, of whom 10 or 13.51 per cent died within ten days of birth; in the second group of cases there were 90 premature births, of whom 17 or 18.8 per cent died within ten days of birth.

Lanolin.—Dr. Liebreich warns against employing the full dose of toxic agents with lanolin as an ointment-base. Thus a veratrine salve of ten grains of fat and one-fourth grain of veratrine does not irritate the skin, while the same salve with lanolin will intensely burn the skin for five hours.

EXHIBIT HALL AMERICAN MEDICAL ASSOCIATION.

Through the courtesy of Dr. T. Hardy Smith, Chairman of the Committee in charge of the Exhibit Hall, we are enabled to present the following arrangement. There will possibly be some changes and additions to this, but it is very nearly an outline of the hall and location of the different exhibits.



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SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

Stated meeting held Saturday evening, April 24. The President being absent, Dr. Bremer, Vice-President, took the chair.

Dr. Hulbert presented the vagina and external genital organs of the female who had a placenta previa, the notes of which he presented at the last meeting, and an account of which appeared in our last issue. There having been some doubts expressed as to the completeness of the uterus, some of the members being of the opinion that the incision had been through the cervix, and not below it, the physician presented the rest of the genital tract to substantiate his previous statements-

In the remarks following the presentation of the specimen, Dr. Johnston spoke of the responsibility incurred by the practitioner in the treatment of cases of placenta previa; that although the attendant might err, and act half an hour or an hour too soon, still he could not be censured for his haste, as it was impossible to determine the exact moment when it would be proper to act. Reviewed briefly the different modes of dealing with placenta previa, and said that he thought in cases of unnatural labor there was too much haste generally used; that in the beginning of his medical career the practice was to give morphine and wait in such cases as the one from which the specimen was taken.

Dr. Hulbert in speaking of the case, said that in the many cases of lacerated cervices he had met, he had observed that that portion of the cervix which remained intact retained the power of contracting, not being affected to any appreciable extent by the laceration.

The Vice-president called Dr. Dudley to the chair, and spoke of several cases of insanity under his observation, wishing to bring to the notice of the members the reflection of the spirit of the times in the actions of the insane.

elated one case, which was an exception to the general rule, that the delusions of the insane were largely determined by the proceedings taking place in the world about them; it being one in which the patient, an elderly man, who at one time was a professor of Greek, imagined himself to be the universe; upon his body was a large number of moles, and to each one, after drawing a circle around it, he had given the name of one of the planets or stars. Mentioned several cases in which the delusions turned upon some of the events taking place around them; such as a Prussian, who, during the Franco-Prussian war, claimed to have invented a machine which could kill ten thousand men in a day, provided they would go into it; also cited cases of patients who would be apparently talking through telephones, using and returning abuse and insults in a most energetic manner. Concluded by remarking that he only mentioned these cases to show how the upheavals and occurrences in the world influenced the delusions of the insane.

Dr. Washington related the case of a woman, who for some time had been acting in a strange manner, but who was still anxious to perform her household duties, the mental trouble becoming worse, and a lacerated perineum having been discovered, it was thought there might be some association between the two troubles. The operation of perineorrhaphy was performed, and the mental trouble entirely disappeared, but after the lapse of two years returned.

Dr. Barclay asked if the condition of the ears had been ascertained in some of the cases, such as those who imagined they were listening through telephones. Said that some of the hallucinations of the insane were dependent on a subacute inflammation of the middle ear, and that in cases, presenting such phases, the ear should always be carefully examined. Related a case of a musician who became mentally deranged after the death of his daughter, and who imagined he could hear her singing; an examination revealed a subacute inflammation of the tympanum, which upon successful treatment disappeared, and was accompanied by a cessation of his hallucinations.

Dr. Bremer thought that delusions of the insane, and the insanity itself, were too frequently referred to some trivial co-existing malady, and thought that in the majority of cases the trouble had no dependence upon the small difficulties which merely existed as coincidences.

Dr. Hughes related a case bearing out Dr. Bremer's idea as to the occurrences in the world influencing the delusions of the insane; a case in which a man imagined he was appointed by Christ, who, he said, was the first knight of labor, to the presidency of the United States to settle the labor question. Spoke of the strike as being the final cause of this man's insanity, and as having determined the phase which it assumed. He would distinctly draw the line between the final cause and the insane neurosis, saying that in most of the cases of insanity it was attributed to the last adverse influence, the final cause, and one did not take into account the many previous

strains to which the mind had been subjected, and which only needed one last pressure to complete the mental overthrow. Then spoke of the insanity of imitation, and related the well known Freeman case, in which the man, with the concurrence of his wife, who by imitation had become as insane as himself, and several members of the community, plunged a knife into the body of a child, impressed with the insane belief that he had been endowed by heaven with the power to restore it to life.

After some remarks from Dr. Bremer, who did not fully agree with Dr. Hughes in his views as to insanity by imitation, the society adjourned.

CHICAGO MEDICAL SOCIETY.

OFFICIALLY REPORTED FOR THE REVIEW.

Stated meeting April 9, 1886. The President, E. J. Doering, M. D., in the chair.

Dr. G. C. Paoli read a paper entitled

The Reasons why Female Physicians are Desirable in Insane Asylums.

He demonstrated that the most eminent specialists in psychiatry in the United States are a unit in maintaining that female physicians are best qualified for treating the female insane. Many states have passed laws requiring one female physician to be allotted to each one hundred female insane in their asylums.

Dr. J. G. Kiernan said eminent authorities had already pointed the relation which exists between uterine disease and insanity. Popular opinion is growing in favor of the employment of female physicians in the treatment of the female insane.

Dr. Wm. T. Belfield reported nine cases of

Impermeable Stricture Treated by Electrolysis.

During the past two years he has treated thirty-seven cases of stricture by electrolysis; and except for strictures located within an inch of the meatus, and for strictures of large calibre elsewhere, considers it preferable to dilatation and urethrotomy for the following reasons: 1. It will pass through any stricture, however tight, rigid, long or tortuous. 2. As a rule it causes no pain, bleeding, chill, nor urethral fever. 3. It is always devoid of danger. 4. Its effects are lasting.

In certain numerous cases electrolysis is not merely a preferable, but really the only practicable treatment. Such are, 1, old, rigid, cartilaginous strictures in men of middle or advanced age, where urethrotomy is dangerous and dilatation ineffectual; 2, impermeable strictures; 3, tight and rigid strictures with perineal or scrotal fistulæ.

Dr. Belfield then narrated the successful treatment by electrolysis of nine such cases. In three of these there was complete retention of urine, the bladder being distended above the umbilicus; these strictures were absolutely impermeable to urine from within as well as to instruments from without. In each case a No. 10 electrode (French) was passed into the bladder in less than twenty minutes, permitting the immediate introduction of a catheter. In each of these cases perineal section would have been, without the battery, inevitable.

In the remaining six cases Dr. Belfield, as well as other surgeons, had failed in attempts to pass bougies into the bladder; yet, as the patients were still enabled to force a feeble, dribbling stream outward, these strictures were theoretically permeable, though practically impermeable. In these also a small electrode readily entered the bladder in one or two sittings.

In one case, seen in consultation with Dr. Miller, the patient had a series of tight, rigid, impermeable strictures, and twenty-seven fistulous openings in the scrotum and perineum; he had submitted to both internal and external urethrotomy, and to numerous unsuccessful attempts at dilatation; was urinating every half hour, day and night. In fifteen minutes a No. 10 bulb entered the bladder; that night patient rose only once to urinate, and for the first time in several years the urine flowed entirely from the meatus and not from the fistulæ.

The unfavorable results obtained by various physicians in their attempt at electrolysis have been caused by the use of improper currents, whereby heat was generated and the urethra cauterised, causing violent inflammation and even extensive sloughing. When properly used, the heat produced is insignificant; with six to fifteen small cells and a weak fluid, the cicatricial tissue constituting the stricture is dissolved away but not cauterized. Since cicatricial tissue is but scantily supplied with blood, and is therefore poorly nourished, it yields to a dissolving current which is insufficient to disturb the healthy urethral tissues.

Dr. L. L. McArthur said he had treated with success by electrolysis one case in which numerous operations had already been performed. When patient came to him he could pass a No. 8 sound; used No. 9. electrode, and the patient can now pass No. 15 Ameri-

can sound. Never had any pain or difficulty in micturating since the operation.

Dr. M. B. Brown detailed two cases of impermeable and two of permeable stricture, in which he used electrolysis with good result.

Dr. C. Fenger said he must confess that he was somewhat surprised by seeing the announcement of Dr. Belfield's paper: "nine impermeable strictures treated by electrolysis." He had tried electrolysis a few years ago, but never had any success from it. It surprised him that Dr. Belfield should met with nine impermeable strictures in a very short period of time, while Sir Henry Thompson has only met with three impermeable strictures in his whole life. By hearing the paper read, however, he understood that Dr. Belfield does not mean to say that the strictures were impermeable in the strict sense of the word—the only correct one—but only meant that it was difficult to pass any instrument through these strictures. Sir Henry Thompson, in his "Diseases of the Urinary Organs," of 1882, p. 28, says: "Impermeability can not be held to describe a character, a physical quality of the stricture itself, but rather indicates the quality of the surgeon who has treated it." Impermeable stricture is a contradiction in terms; it is not heard of so much now as it was twenty years ago. Dittel, of Vienna, in speaking about relative and absolute impermeable strictures, says a stricture may be impermeable for one man, at a certain time, and permeable for another man, or at another time. Other modern authors on surgery, as Koenig and Albert, speak about the matter in a similar way.

The second surprise to him was the advocated treatment by electricity, or electrolysis. There has always been in his mind a suspicious halo of mysticism about electrolysis, whether applied to the different forms of surgical tumors or to strictures of the urethra. He understands from the paper, that the electrolysis does not mean galvano-caustic treatment, although quite recently Jardin, of Paris, uses a small galvano-cautery knife for passing slowly through the stricture. Dr. Belfield warns very justly against cauterization. The non-caustic electrolysis is to me a very mystic process. Dr. Fenger remembers years ago of one of Billroth's clinics in which he spoke about electrolysis treatment of venous angiomas of the face, that he expressed as the result of his experience the following: "The electrolytic needle has no more or other effect on the tumor in question, than the mere mechanical disturbance of the tissue-elements, that is, than any other needle not connected with a battery, would produce."

Frankly, Dr. Fenger said that the historical fate of electrolysis in strictures, as well as elsewhere, up to date, has invariably been the following: Ever since Tripier, in 1864, and Mallez, in 1872, applied the electrolysis in strictures of the urethra, this method of treatment has come to the surface once every two or three years only to disappear again, and it has never been able to take any hold on the profession; not because it has not been tried, but rather because it has not been found superior, or even equal, to the other methods. Littel states that, on the rather promising representations of Tripier and Mallez, he tried electrolysis in three cases of very narrow stricture. It proved of no effect in any of the cases, and in one of them a local inflamtion followed. Sir Henry Thompson does not even mention the electric treatment anywhere in his writings about strictures, but warns very emphatically against any method of cauterization. Koenig says, in a very short appended notice, that only the short and soft strictures depending upon a polypus or warty growth of granulation-tissue are proper objects for cauterization, either chemical (Duchamp), or galvano-caustic (Middeldorf). Otis, our American authority in this line of surgery, does not mention electrolysis with a word.

Newman, of New York, (*Medical Record*, August 12–19, 1882), is not only the advocate of electrolysis in this country, but has written so assiduously and specified the method so minutely as to have it termed, in the foreign literature, "Newman's method." In 1882, Newman's old and new cases numbered twenty-three only. In reporting Newman's articles for Virchow's *Jahresbericht*, Güterbock, of Berlin, says that "Newman's method has already, in 1872 and 1876, been criticised so thoroughly that not much more need be said about it." Dikmann, in New York *Medical Record*, Jan. 5, 1884, reports twenty-eight cases. Gräf, in Norway, reports, in 1884, two cases treated by "Newman's method," and Verneuil, in 1884, recommends Jardin's "electrolyse lineavu"—that is, cauterization.

Thus the electrolytic treatment of stricture has been tried off and on for over twenty years, but has only taken hold here and there, sporadically, and for a short time. It has in the urethral, not any more than in the other fields of surgery, as yet to any extent replaced the more rational treatment by mechanical means.

The electrolysis may, however, have a further trial, and if the success in extensive resilient strictures, as in one of Dr. Belfield's cases, should prove to hold good for other

cases of that kind, it is possible that this treatment will have a better fate in the future than it had in the past.

Dr. R. Tilley said he did not consider electrolysis to be the proper term to be used in connection with the use of electricity in the manner suggested. Electrolysis, in the ordinary acceptation of the term, means the decomposition by electricity of water, or tissues, being in the nature of a chemical decomposition. He would like to know how far apart the electrodes were placed. (Dr. Belfield replied that the negative electrode was placed in the urethra, and the positive pole in any position on or near the penis, according to the effect intended). He could not see how electrolysis could be produced with the electrodes so far apart, and a weak fluid, without a cauterizing effect. From his extensive experience of cocaine in producing a contraction of the tissues in the nose, he would expect to secure as good if not better results, reasoning by analogy, in its use in strictures of the urethra as in the use of electricity. He would think its internal application would be followed by wonderful results.

Dr. W. T. Belfield closed the discussion by saying that in reply to Dr. Fenger's criticism that these strictures were not impermeable, he would remind him that he called six of them "theoretically permeable, practically impermeable;" that is, a feeble stream was forced through, but no instrument could be introduced. The remaining three were absolutely impermeable to urine as well as instruments. They were water-tight, the bladder in each case being immensely distended. Dr. Fenger, in the cases where he attempted electrolysis, evidently made the usual mistake; he employed a strong current and cauterized, but did not electrolyze the stricture. With a proper current he would probably have a better result. Sir Henry Thompson and Prof. Dittel do not, it is true, endorse electrolysis; but he knows that neither of them has ever fairly tried it; they have contented themselves with the vague, unfavorable verdict of those who, having once or twice misused the current, attribute to the battery the faults which belong to themselves. Thompson's conservatism and intolerance are notorious; he bitterly opposed Bigelow's litholapaxy (without trying it) until it was adopted by everybody else.

Possibly, as Dr. Fenger says, there is no "urgent necessity" for any other method than urethrotomy and dilatation; but surgeons who have to treat many such strictures as those described in the paper under discussion, think otherwise. These methods certainly possess one point of national economic value, which electrolysis lacks, namely, they assist in repressing the excess of population by quietly removing many patients.

Electrolysis "bobs up and down" only when ignorantly used; when properly employed it comes to stay.

To Dr. Tilley he would say that the action is properly termed "electrolysis;" it is the same effect as is seen in the decomposition of water, and is produced by the same current. During the action of the current a white foam and bubbles come up alongside the instrument. Cocaine causes contraction of blood-vessels in the urethra as well as in the nose; but it can not, so far as he is aware, remove cicatricial tissue in either locality.

In conclusion, he would repeat that the secret of success lies in securing chemical force and avoiding heat; the former removes the stricture easily and painlessly, the latter causes violent inflammation and sloughing.

Osteo-Plastic Resection.

Dr. C. Fenger then presented a patient before the Society with the following words: I wish to bring this patient before the Society to illustrate the results of an operation called "osteo-plastic resection of the foot," and devised by Wladimnoff and Mikulicz. The operation consists in removal of the heel, soft parts and bones, and then uniting the remainder of the foot to the tibia in the position of an artificial pes equinus. As you will see, the patient has on a plaster cast from the toe to below the knee, and is able to walk in this cast without crutch or cane. He limps because the leg operated upon is two inches longer than the other one, and not because of inability to step on the leg. He will have in future to wear a high sole or heel under the well foot. While the plaster cast is being taken off, I shall pass round the specimen of the removed heel and say a few words about the operation.

The patient had suffered for one year from a chronic traumatic osteomyelitis of the tarsus resulting in anchylosis of the joints, fistulæ on dorsal side of tarsus and a loss of substance of the skin of the heel. Pirogoff's or Syme's operation being out of the question, the choice was only between a supramalleolar amputation and the osteo-plastic resection. This operation was performed fourteen months ago. Union of the bones took place in four to six months, and it is only the subsequent small operations for bringing the toes in dorsal flexion that have required so long a time before the patient has been able to commence to walk.

The plaster cast being now removed, you will find the foot in the axis of the leg in equinous position, the toes dorsally flexed to a right angle with the foot. There is active flexibility of the toes and some active mobility of the foot. This mobility, however, does not take place between the united surfaces of the tibia and fibula on the one side, and the scaphoid and cuboid bones on the other, as can be seen by examining the prominences representing the rudimentary newly formed malleoli—but the mobility takes place in the joints of the metatarsus. As to the question whether these joints will be able to bear the strain of the weight of the body during walking with the foot in this abnormal position, this patient of course proves nothing as yet. But from the other cases operated upon, in all nineteen, we can conclude that we have the right to expect a useful foot for walking. A patient operated upon by Socin, in Basle, is able without boot —the boot devised by Mikulicz, which I now pass round for inspection—or cane to walk, but can walk all day long and perform a farmer's work in the field. You will further notice that the walking surface of the foot, being the plantar surface of the heads of the metatarsal bones and the toes, is considerably larger than the surface which either a Syme's or a Pirogoff's operation would leave the patient to walk on. This, together with the active mobility of the toes, is regarded as an advantage that functionally places the osteo-plastic resection superior to the two other operations mentioned.

We find, by examining, the foot everywhere painless on pressure, and consequently there is nowhere any recurrence of the disease.

Mikulicz feared that the anterior tibial artery might not be sufficient for the blood-supply of the foot, his method of operating dividing all the branches of the posterior tibial artery. I had the same apprehension, and changed the incision so as to save one of the terminal branches of the last-named vessels, namely, the internal plantar artery. This fear is not unfounded, as in one of Sordina's cases operated upon according to Mikulicz's description, gangrene of the foot necessitated supramalleolar amputation on the fourth day. The mortality of the operation is as yet none, but as all the nineteen cases have fallen within the last few years except Wladimnoff's, and consequently have been treated antiseptically, it cannot be said that the danger is less than either in Syme's or Pirogoff's operation. There is no doubt that the functional results are far superior to that of a supramalleolar amputation, even if the patient will always have to wear the Mikulicz boot. Consequently it may be safe to say that osteoplastic resection has already a legitimate place, although perhaps as yet not strictly enough defined, in the surgery of the tarsus.

The Society adjourned.

CORRESPONDENCE.

St. Louis, Mo., April 27, 1886.

Editors Reviews: I have been a subscriber to the Review for a long time, and have always highly appreciated it, but more particularly under its new management. There is one thing, however, which I desire to know definitely before I can rest fully satisfied, viz.: Is any member of your Medical Press and Library Association interested financially in a proprietory medicine manufactured in this city? I have repeatedly heard statements that one of the officers of the organization has money invested in the manufacture of a remedy largely used by the medical profession of the world. Please reply in your columns.

A Subscriber.

[The undersigned has reason to believe that the above communication has direct application to himself, as he has repeatedly heard that his name has been associated with a well known proprietary medicine. Such reports are generally unworthy notice, yet he is perfectly free to say, that the statement, that he has, or has had any interest directly or indirectly in any patent or proprietary medicine is a deliberate falsehood.

Wm. Porter, M. D.]

AMERICAN MEDICAL ASSOCIATION ITEMS.

Dr. H. H. Mudd, Secretary of Surgical Section, furnishes us the following programme:

Tuesday.

Dr. William M. Mastin, Mobile. Venous Blood Tumors of the Cranium, in Communication with the Intra Cranial Venous Circulation, especially the Sinuses of the Dura Mater.

Prof. Moses Gunn, Chicago. On the Value of an Attempt at Enucleation in a Neuroma which seems to Demand Resection of the Nerve; Illustrated by a case.

Dr. B. A. Watson, Jersey City. Fibre or Spindle-Celled Sarcomatous Tumors, with Report of a Case and Presentation of the Specimen.

Dr. Joseph Ransohoff, Cincinnati. Treatment of Thoracic Aneurism, by Introduction of Wire, with a Case.

Prof. E. Andrews, Chicago. Incision and Drainage of Lumbar Abscesses.

WEDNESDAY.

Dr. Theo. A McGraw, Detroit. Experimental Researches with Reference to Sutures of the Intestines.

Prof. J. McF. Gaston, Atlanta. Surgical Relations of Ileo-Cecal Region.

Dr. Henry H. Smith, Philadelphia. What is the Proper Treatment of Penetrating Wounds of the Abdomen? Being the opening remarks on the discussion of the subject.

DISCUSSION.

Dr. B. A. Watson, Jersey City; Dr. J. McF. Gaston, Atlanta; Dr. E. H. Gregory, St. Louis.

Dr. Henry O. Marcey, Boston. Hernia and the best Method of Cure.

Dr. R. Harvey Reed, Mansfield, Ohio. Some of the Complications of Strangulated Hernia.

THURSDAY.

Prof. Christian Fenger, Chicago. Osteoplastic Resection of the Foot, Excision of the Heel.

Dr. Wm. T. Belfield, Chicago. Digital Exploration of the Bladder, with Report of twelve Cases, including five Vesical Tumors, and two cases of Prostatotomy.

Dr. Robert Newman, New York. Galvano-Cautery in Diseases of the Prostate, Bladder and Urethra.

Prof. E. E. Glover, Terre Haute. The Treatment of Anal Fistula, associated with Phthisis.

Dr. J. T. Jelks, Hot Springs, Ark. Stricture of the Urethra.

—Physicians registered for the American Medical Association at the Lindell: Drs. H. H. Smith, N. S. Davis, J. K. Bartlett, R. J. Dunglison, Albert Frick, W. B. Atkinson, DeLaskie Miller, Brodie, C. J. Lundie, E. S. F. Arnold, S. S. Clark, S. E. Gordon, Joseph Jones, W. C. Wile and party of five, Carl Seiler, Earle, A. J. Fuller, M. F. Loomis, J. W. Hearne, C. K. Mills, G. S. Franklin, John B. Roberts, S. J. Jones, Sur. Gen. Hamilton, Turner, Eugene Smith, Bulkley, A. Y. P. Garnett, S. P. Lyon, J. V. Shoemaker, Wm. Taylor Wm, Wathen, H. O. Marcy, John I. Marshall, W. W. Alport, P. D. Keyser, A. B. Arnold S. S. Reynolds, D. C. Patterson, W. W. Jaggard. James Whittaker, W. R. Conice, A. K. Minch, W. W. Carpenter, N. Senn, A. R. Robinson, Dr. Kleinschmidt, J. E. Owen, Ed. Jenks, T. R. Buckham, Jas. N. French, D. La-Count, L. H. Montgomery, C. V. Tyler, H. Tupper N. S. Davis, Sr., N. S. Davis, Jr., T. W. Miller and Belfield.

At the Southern: Drs. Jno. North, Keokuk, Iowa; E. H. Ross and wife, C. G. Stone, L. Connor and wife, Detroit; G. P. Hanawalt and wife, Jno. Bennett, W. C. Miller, Duncan, wife and Mrs. Horton, Nashville, Tenn.; D. J. Roberts and daughter, Nashville, Tenn.; P. H. Millard and wife, Stillwater; J. M. Keller, Hot Springs, F. La Moyne and wife, Pittsburg; X. F. Scott, Cleveland; B. Cole, San Francisco; E. Williams and wife, Cincinnati, Ohio; Rob't Newman and wife, New York, J. L. Williams, Boston; Briggs, and wife and six others, J. F. Hibbard and wife, Richmond, Ind.; H. B. Ransom, Chicago; J. A. Larrabee, Louisville; W. Cheatham, wife and lady friend, G. K. Johnson and wife, Grand Rapids, Mich.; T. A. Foster, Portland, Maine; Gibbons and daughter, San Francisco, Cal.; Reynolds, San Francisco, Cal.; Chisholm and wife, Baltimore; G. M. Foster, New York; G. R. Sheppard and wife, Hartford.

—Members by Application and the Annual Meeting.—I have received several letters from gentlemen who have become members of the Association under the provision recently enacted, desiring information as to their status at the annual meeting of the Association. I have also been the recipient of inquiries from others who wish to become members at the coming meeting in St. Louis through the same channel, that is by application. I will briefly say that those who are already members of the Association, under the new regulation allowing members of State and local societies to become such upon application, endorsed by the President and Secretary of such society, are Permanent Members of the Association, and continue such as long as they remain in good standing in their State or local society, and pay their annual due to the Association. When they attend an annual meeting, they register either as delegates from their original Society, if they have been so elected (with the right of voting), or as Permanent Members (without the right of voting).

Gentlemen who wish to become members of the Association by application at the St. Louis meeting, and who do not attend as delegates, will fill up the usual registration blanks, and present, with the five dollars for dues, a certificate signed by the President and Secretary of their State or local Society, stating that they are members, in good standing, of such Society.

As vacancies doubtless exist in some of the delegations to St. Louis in different parts of the country, possibly some of the Permanent Members and also those desirous of becoming such by application, may be able to obtain appointment as delegates to fill such vaconcies.

RICHARD J. DUNGLISON,
Treasurer.

—The bill separating the Massachusetts State Board of Health from the Massachusetts State Board of Lunacy and Charity has become a law.

BOSTON MEDICAL
JUL 30 1886
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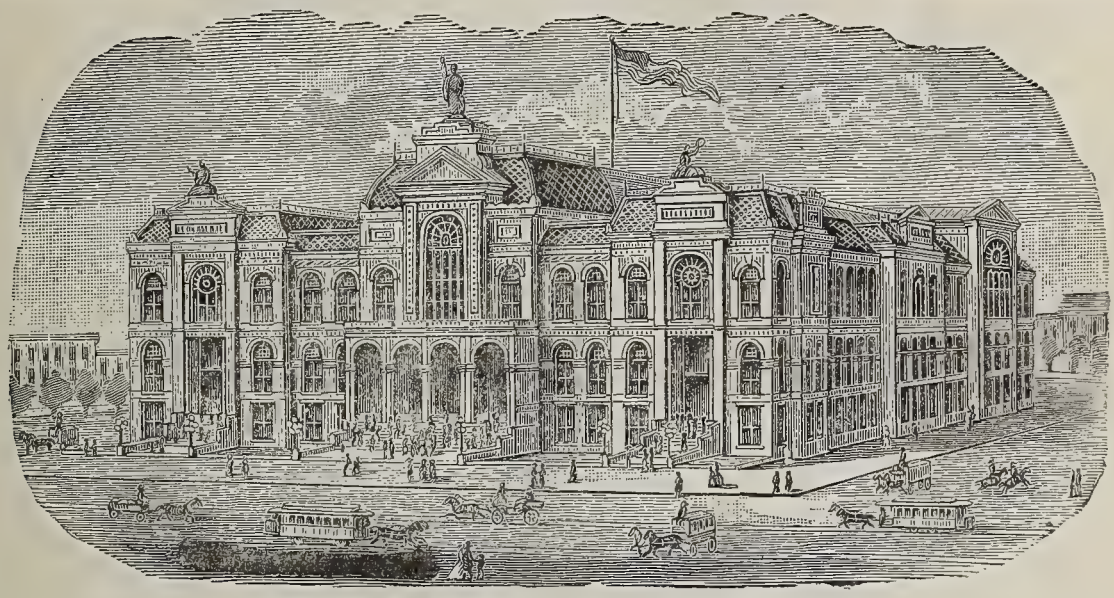
THE WEEKLY MEDICAL REVIEW.

(DAILY EDITION.)

ST. LOUIS, TUESDAY, MAY 4, 1886.



ST. LOUIS EXPOSITION BUILDING.
PLACE OF MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

WELCOME.

THE REVIEW gives a cordial welcome to the American Medical Association and feels gratified that its efforts to arouse into active expression the proverbial hospitality and well-known appreciation of the profession and people of St. Louis toward this representative body of medical men have been successful, although some of these efforts, we are sorry to say, have been misunderstood.

Every member of the REVIEW staff is either a delegate, or permanent member in active sympathy with this body of our professional brethren, and we give it a hearty fraternal welcome.

St. Louis is this year to be a city of conventions. Other organizations, larger than the American Medical Association, had been previously announced and provided for,and are to follow our medical visitors. This, with the serious injury inflicted upon the city's trade by the recent extensive strike of the employees of the Missouri Pacific system of railroads, and some other minor considerations, led us to fear that the Association might not, without extra diligent effort, meet with that cordial and full handed reception the REVIEW wished to have given to this distinguished body, and inspired us to urge all concerned to the fullest measure of possible activity. It is a gratification to know that the grand object has been attained, and a triumphantly cordial reception will be extended our fraternal visitors, commensurate in hospitality with the exalted professional and personal characters of our distinguished guests.

The REVIEW staff likewise welcome the visiting editors, and extending to them our friendly hands, make them especially *our* guests.

The Work of our Committees.

The Committee of Arrangements of the American Medical Association, the Finance Committee, and several other committees of the Association, have achieved most gratifying success in providing for the hospitable entertainment of our guests of the week, and we give them hearty thanks.

It has been our most earnest desire that nothing might be omitted which could give to the American Medical Association such cordial greeting and hearty welcome as so distinguished and worthy a body deserves, and the Review is gratified that the well-known appreciation, which the profession of St. Louis has for this old and honorable body in the profession will be fittingly expressed in the complete arrangements secured from the profession and people, through the energetic efforts, in very great measure, of the Committee of Arrangements and various sub-committees. We would not, and should not, however, overlook the cordial and generous co-operation of the business men and citizens.

The committees have done a good work, and the profession and citizens have responded liberally to the request of the Finance Committee.

St. Louis is proverbially a hospitable city, and her medical men are largely interested in the welfare of the American Medical Association. The labor of the Committee, in consequence of this fact, has been somewhat lighter than it would have been had the city been more apathetic, and it was at one time feared, in consequence of the other large visiting bodies which are shortly to be in this city, that our citizens might not be so enthusiastic for the American Medical Association as is her wont, but our fears have been most agreeably disappointed. Now let us have a profitable and enjoyable fraternal reunion.

International Medical Congress.

By request we publish the following:

Philadelphia, April 28, 1886.

At a meeting of Delegates to the American Medical Association, held in Philadelphia on April 27, 1886, for the purpose of conference on the questions likely to be discussed at St. Louis, representatives were present from the States of Connecticut, New York, Pennsylvania New Jersey, Maryland and the District of Columbia. On motion, it was *Resolved*; That Drs. Smith, Hamilton, A. B. Arnold, Wile and Newman be a committee to have two thousand copies of the following paper (then read) printed and circulated among the Delegates as they register at St. Lous.

Richard J. Dunglison, M. D., Philadelphia, Chairman.

Wm. C. Wile, M. D., Newtown, Conn., Secretary.

The undersigned delegates have the honor to present the following points in regard to the action of the Association in reference to the Ninth International Medical Congress of 1887, for the general information of the Delegates to the Association in attendance at St. Louis.

In recalling the action of the American Medical Association in inviting the Eighth International Medical Congress at Copenhagen to meet in Washington, in September, 1887, as the Ninth Congress, this invitation being given at the suggestion of the President of the Association, in the name and on behalf of the Medical Profession in the United States, it is difficult to realize that so courteous an action should have been so much misconstrued and misrepresented, or that any one should have felt aggrieved by the subsequent action of the Association at New Orleans.

A brief reference to the facts, and the Parliamentary law bearing on this case, will, we think, establish the opinion that the Association was altogether right, and acted in accordance with law in this matter.

Reference to the published proceedings of the Thirty-fifth Session of the Association, held at Washington, in May, 1884, page 5, will show, "that a Committee of seven was created and authorized to extend to the Eighth International Medical Congress, at Copenhagen, a cordial invitation on behalf of the Medical Profession in the United States,

to hold the Ninth International Medical Congress, in 1887, in this country; that this committee should elect *its own* officers, and make all necessary and suitable arrangements for the meeting of the Congress if the invitation was accepted; that they should have power to add to its own membership, and perfect its own organization, and to receive from the Association $400 for expense of printing," etc. They were, in fact, only a Committee of Arrangements, and no authority was given them in the Resolutions to nominate Officers of the Congress.

After performing this duty, the Committee apparently did not recognize the propriety of making a formal report with resolutions, for the action of the Association; but presented at the New Orleans meeting, a simple statement of what they had done, (see page 549, *Journal of the American Medical Association*, May, 1885), with a list of the officers of the Congress and Sections that they had thus far elected. In this it is evident they exceeded their instructions, as the Association, after receiving and discussing their action, decided "that it only recognized said committee as a Committee of Arangements, and declined to endorse or accept the said appointments," (see page 550, *Journal of the American Medical Association*, May, 1885). The Association, in thus accepting the report, thereupon assumed the control of the subject, and recommitted it to a new and larger committee, of thirty-eight, from all sections of the country, who were authorized to "review, alter and amend the action of the previous committee," as they might deem best. An amendment, "providing that all New Code men should be left out," was offered in the Association by Dr. Saunders, and lost by a vote of 88 to 129 (page 551, of the *Journal of the American Medical Association*), so the Code question was not adopted, and no action was taken against "New Code Men." No record is given of the vote recommitting the subject; but a "motion to adjourn" was lost, by a vote of 40 ayes to 360 nays, this being the probable vote on the question of recommittal.

On May 1, 1885, the enlarged committee were given additional instructions (see *Association Journal*, May, 1885, page 556), as follows: "*Resolved*, that the committee appointed April 30th, in pursuance of a Resolution adopted by this Association April 29th, 1885, to constitute an addition to the original committee of seven previously appointed to invite and make arrangements for the meeting of the International Congress to be held in Washington, D. C., in 1878, be, and the said committee is hereby authorized and empowered to select a chairman and a secretary, to fill all vacancies that may occur by death or inability to attend the Committee meetings, and to *appoint the officers of the Congress*."

This action of the Association, for the first time authorizing the committee to nominate officers of the Congress, simply maintained its rights, and was according to Parliamentary law, in the recommittal of the entire subject. That it was perfectly correct is proved by the following quotations from Cushing's Manual, which is the most elaborate treatise on Parliamentary law since the days of Thomas Jefferson. Speaking of "Proceedings of Committees," pages 154, 155, of the Manual, Cushing says: "The power and function of a committee depend on the general authority and particular instruction given them by the Assembly, at the time of their appointment. But, they may be, and very often are, *further instructed* whilst in the exercise of their functions; and sometimes it even happens that these additional instructions wholly change the nature of a committee, by charging it with inquiries quite different from those for which it was originally established."

Was the action of the Association correct, after receiving the report of the committee, in recommitting the subject to a new committee, and ignoring all that had been previously done ?

On this question, Cushing (page 168, paragraphs 290, 291) says: "The report of a committee being made and received, the committee is dissolved, and can act no more without a new power; but their authority may be revived by a vote and the same matter recommitted to them. And if a report is recom

mitted before it has been agreed to by the Assembly, all that has passed heretofore in the committee is of no validity, the whole question being again before the committee, as if nothing had passed there in relation to it."

From these quotations, it is apparent: 1st. That the action of the Association was perfectly regular. 2nd. That as the power of the committee to appoint was disavowed, or even if previously given it was withdrawn, all who accepted office from that committee were placed in the position of accepting appointments to offices of which the title was *invalid*, and they should have exercised due diligence in the examination of their titles before accepting them and being published as so doing. Their subsequent resignations amount to nothing: they could not resign an office which had never been legally their own. The new Committee of Arrangements, to whom the entire snbject was recommitted, and which truly represented the medical profession of the United States (being composed not only of the original committee, but of one representative from each State and Territory, and the National Medical Services), desired to and did, as far as possible with fewer Sections, retain all who had previously been named to office, that were in accord with the rules governing the Association. It should be remembered, also, that at the Chicago meeting of the committee, a majority of the old committee of seven were present, participated in the voting, and did not protest against the action of the Association in enlarging the committee. The subsequent resignation of those who had formed the old Committee(for it had ceased to exist as distinct committee), and their evident purpose to destroy the usefulness of the Congress, and strike a blow at the dignity of the Association itself, through and by means of biased articles in the medical journals, must ever be a source of amazement and sorrow.

We have refrained from criticising the actions of the old Committee while in existence. That was sufficiently done by the authority that created them at the meeting in New Orleans, and the belief of the Association in the soundness of this criticism was manifested in the vote by which the subject was recommitted to an enlarged committee, which was then made a truly representative one of the Medical Profession in the United States.

Henry H. Smith, M. D.,
Philadelphia, Pa.
John B. Hamilton, M. D.,
Washington, D. C.
A. B. Arnold, M. D.,
Baltimore, Md.
William C. Wile, M, D.,
Newtown, Conn.
Robert Newman, M. D.,
New York, N. Y.

Poisoning by Vaseline.—The reports of positive injury having been worked by the use of ointments, with vaseline as a base, upon the eye and upon the integument are not single and far between, the mischief being generally attributed to impurities of the preparation. In the *British Medical Journal* Feb. 13, the poisoning of three children, aged from 8 to 14 years, is reported as a consequence of the internal administration of about half a teaspoonful of vaseline for sore throat. Pain and cramps in the extremities and severe vomiting ensued. No other cause than the taking of the vaseline was apparent.

Fissure of the Anus.—In the *British Medical Journal*, Feb. 27, A. D. Macgregor proposes a novel mode of treatment of anal fissure, no cutting or even stretching of the sphincter being done. He orders a full dose of castor oil and rhubarb; when this has operated, the bowel is washed out with an enema containing Condy's fluid. This done the speculum is passed and the fissure is painted with a solution of chloride of zinc, twenty grains to the ounce. A piece of lint with boric ointment is used as a dressing; the bowels are held in check by opium, liquid food only being allowed. One application of the chloride of zinc is found to be enough. Only a little smarting and uneasiness is caused thereby. The fissure is effectively purified and the reparative process stimulated.

THE MEDICAL ASSOCIATION.

Arrangements for the Session.

The first session will be held at the Exposition Building this morning. The Convention will be called to order at 11 A. M., and will be opened with prayer by Rev. Dr. Schuyler, of Christ Church. Mayor Francis will then deliver the address of welcome, to be followed by the report of the Committee of Arrangements. The delegates have been requested to register their names on the book of the committee at the room in the Exposition Building, corner of Fourteenth and Olive streets. After the committee's report President Brodie, of Detroit, will deliver his annual address, which will be followed by the reports of the various committees. On Wednesday the Convention will assemble at 11 o'clock, and remain in session until 2 o'clock P. M., when the delegates will be divided into various sections, and each section will meet at 3 o'clock in the respective rooms assigned to their use. The division of the Convention into sections will be as follows:

Practice of Medicine, Materia Medica and Physiology—Dr. J. T. Whittaker, of Cincinnati, Chairman; Dr. B. L. Coleman, of Lexington, Ky., Secretary.

Obstetrics and Diseases of Women and Children—Dr. S. C. Gordon, of Portland, Me., Chairman; Dr. J. F. Y. Payne, of Galveston, Tex., Secretary.

Surgery and Anatomy—Dr. Nicholas Senn, of Milwaukee, Wis., Chairman; Dr. H. H. Mudd, of St. Louis, Secretary.

State Medicine—Dr. John H. Rauch, of Springfield, Ill., Chairman; Dr. F. E. Daniel, of Austin, Tex., Secretary.

Ophthalmology, Otology and Larynology—Dr. Eugene Smith, of Detroit, Chairman; Dr. J. F. Fulton, of St. Paul, Minn., Secretary.

Diseases of Children—Dr. W. D. Haggard, of Nashville, Tenn., Chairman; Dr. W. B. Lawrence, of Batesville, Ark., Secretary.

Oral and Dental Surgery—Dr. John S. Mcrshall, of Chicago, Ill., Chairman; Dr. A. E. Baldwin, of Chicago, Secretary.

Among the delegates here, many of whom are accompanied by their families, are the following:

At the Lindell: Drs. William Brodie and H. O. Walker, of Detroit; Richard Dunglison, A. Frick, W. T. Taylor, S. S. Clark, W. B. Atkinson, Henry H. Smith, John B. Franklin, Wm. Pancoast, C. A Sparks, and V. C. Sweatman, Philadelphia; H. B. Smith, F. L. Wein, Ellsworth Elliott, T. W. Davis, E. F. S. Arnold, New York; DeLaskie Miller, W. W. Jaggard, S. J. Glover, J. J. Jones, Henry S. and Arthur R. Reynolds, N. S. Davis, Chicago; J. C. Riley and W. H. Wathen, Louisville; W. P. Ross and John Hays, Okolona, Ark.; A. Stoner, Topeka, Kan.; T. G. Richardson, New Orleans; J. K. Bartlett, Milwaukee; Geo. E. Horton, Tarrytown, Pa.; N. B. Scott, Wheeling, W. Va.; W. C. Bennet, Buffalo, N. Y.; Isaac N. Quinby, Jersey City; W. C. Wile, Newtown, Conn., and J. M. Toner, Washington, D. C.

At the Southern: Doctors C. G. Stone, John Bennett, A. C. Miller, Robert Newman, J. M. Foster, Oteronly, Willoughby, Walling and Cook, New, York; E. H. Ross, Philadelphia; John North, Keokuk, Io., G. P. Hanawault, Des Moines, Io.; D. J. Duncan and Ross, Nashville, Tenn.; T. H. Millard, Stillwater, Mich.; J. M. Keller, Hot Springs, Ark.; F. Lemoine, Pittsburg,; J. J. Chisholm, Baltimore; Beverly Cole, Gibbons and Reynolds, San Francisco; J. H. Leslie, Pittsfield, Mass., H. L. Orth, Harrisburg, Pa., Charles E. Webster, J. L. Williams and A. T. Pattee, Boston N. S Davis, H. B. Ransom, Moses Gunn and H. A. Johnson, Chicago; J. F. Hibbard Richmond, Ind.; J. H. Murphy, O. E. Sluker, and Fulton, J. A. Larrabee and W. Cheatham, Louisville, Ky.; G. K. Johnson, Grand Rapids, Mich., T. A. Foster, Portland, Me.; G. R. Shephard, Hartford, Conn.; P. H. Cailly, Dallas Center, Io.; E. Williams, Xeemer and Ransohoff, Cincinnati; B. F. Taylor and Geo. Cupples, San Antonio, Tex.; G. W. Christian, Burnett, Tex.; J. W. McLaughlin, Austin, Tex.; J. F. Y. Payne, Galveston, Tex.; W. B. Lawrence, Batesville, Ark ; C. C. Stockard, Columbus, Miss., and A. M. Pollock, Pittsburg.

Doctors C. C. Thompson, of Jefferson City; O. E. Evans, of Gourie, Tex., and B. F. Kingsley, of San Antonio, are registered at the Laclede, and W. B. Fletcher, of Indianapolis; Clarence C. and J. M. C. Dickey, of Philadelphia, are at the Planters'.

The societies represented in the Convention will be as follows:

THE SOCIETIES BY STATES.

Alabama—State, Bullock County and Mobile County Medical Societies.

Arkansas—State Medical Society.

California—State and Alameda County Medical Societies.

Colorado—State Medical Society.

Connecticut—State, and Fairfield, Hartford, Middlesex, New Haven, New London, Tolland and Windham County Medical Societies.

Dakota—Cass County Medical Society.

Delaware—State Medical Society.

District of Columbia—Medical Association of the District.

Florida—State Medical Society.

Georgia—State Medical Society.

Illinois—State Medical Society, Northern Central Illinois Medical Society, Southern Illinois Medical Society, Adams County Medical Society, Æsculapian Society, Aurora Medical Society, Brainard District Medical Society, Champaign County Medical Society, Chicago Medical Society, Cook County Medical Society, Fox River Valley Society, McLean County Medical Society, Macoupin County Society for Medical Improvement, Military Tract Medical Society, Morgan County Medical Society, Peoria City Medical Society, Will County Medical Society, and Winnebago County Medical Society.

Indiana—State Medical Society and the Blackford, Boone, Clinton, Dearborn, Delaware, Gibson, Grant, Hancock, Henry, Huntington, Jackson, Kosciusko, Madison, Marion, Miami, Montgomery, Noble, Owen, Pulaski, Randolph, Rush, Steuben, Tippecanoe, Vanderburg, Vigo and Wabash County Medical Societies.

Iowa—State Medical Society, Eastern District, Northern Iowa, Southwestern Iowa, Cedar Rapids, Cedar Valley, Council Bluffs and Dubuque Societies and the Clinton, Delaware, Fayette, Guthrie, Jackson, Johnson, Louisa, Marion, Muscatine, Polk and Van Buren County Medical Societies.

Kansas.—State Medical Society and Eastern Kansas District Medical Society.

Kentucky.—State Medical Society and Southwestern Kentucky Medical Society.

Louisiana.—State Medical Society, New Orleans Medical Association and Orleans Parish Medical Society.

Maine.—State Medical Society.

Maryland.—Medical and Chirurgical Faculty, Allegheny Medical Association, Baltimore Medical and Surgical Society, Baltimore Medical Association, Baltimore Academy of Medicine, Clinical Society of Maryland and Cecil County Medical Society.

Massachusetts.—State Medical Society, Essex, Middlesex, Norfork, Plymouth, Suffolk, and Worcester district societies.

Michigan.—State Medical Society, Southern and Western Michigan Societies, Detroit Medical and Library Association, Detroit Academy of Medicine, Flint Academy of Medicine, Grand Rapids Medical Society, and the Medical Associations of Calhoun, Clinton, Eaton, Barry and Wayne counties.

Minnesota.—State Medical Society, Minneapolis Physicians and Surgeons and the Ramsey County Medical Society.

Mississippi.—State Medical Society.

Missouri.—State Medical Society, Northwest Missouri Medical Society, Kansas City Medical Society, St. Louis Medical Society, St. Louis Medico-Chirurgical Society, Moberly District Medical Society, Linton District Medical Society, Marion County Medical and Surgical Association, and the Pettis and Saline County societies.

Nebraska.—State Medical Society.

New Hampshire.—State Medical Society and White County Medical Society.

New Jersey.—State Medical Society, and the Atlantic, Burlington, Camden, Essex, Gloucester, Hudson, Middlesex, Passaic and Sussex County societies.

New York.—State Medical Association, New York Academy of Medicine, and the County associations of Chemung, Columbus, Erie, New York, Onondago, Ontario, Rensselær, Sullivan, Washington, Wayne and Westchester.

North Carolina—State Medical Society.

Ohio—State Medical Society, Northeast, Northern Central and Northwestern Ohio Medical Societies, Cincinnati Academy of Medicine, Cincinnati Medical Society, Toledo Medical Society, Zanesville Academy of Medicine, and the Brown, Butler, Clark, Columbia, Champaign, Cuyahoga, Defiance, Delamater, Erie, Hempstead, Holmes, Mahoning, Miami, Montgomery, Portage, Preble, Ross, Trumbull, Tuscarawas and Wayne County Medical Societies.

Oregon—State Medical Society.

Pennsylvania—State Medical Society and Medical Societies of the Counties of Allegheny, Beaver, Bedford, Blain, Bradford, Bucks, Butler, Cambria, Carbon, Chester, Columbia, Crawford, Cumberland, Dauphin, Delaware, Elk, Erie, Fayette, Franklin, Indiana, Lackawanna, Lancaster, Lebanon, Luzerne, Lycoming, McKean, Mercer, Mifflin, Montgomery, Montour, Northampton, Perry, Philadelphia, Schuylkill, Susquehanna, Venango, Warren, Washington, Westmoreland and York.

Rhode Island—State Medical Society.

South Carolina—State Medical Society.

Tennessee—State Medical Society and the London, Nashville and Rutherford County Medical Societies.

Texas—State Medical Society and the Ellis County Medical Society.

Vermont—State Medical Society and the Connecticut Valley Medical Association.

Virginia—State Medical Society, Northeast Virginia Medical Society, Norfolk City Med-

ical Society, Peterburgh Medical Society, Richmond Academy of Medicine and the Albemarle County Medical Society.

Wisconsin—State Medical Society, Northwest Wisconsin Medical Association and the Dane, Eau Claire, Iowa and Milwaukee County Medical Associations.

There will also be representatives from the medical departments of the United States army and navy, and from the Medical Association of Canada.

MISSOURI STATE MEDICAL ASSOCIATION

Twenty-eighth annual meeting held in St. Louis May 3rd, 1886.

First Day—Morning Session.

The Association was called to order by Dr. C. H. Hughes, chairman of the committee of arrangements. He also delivered an address of welcome. Dr. C. A. Todd, of St. Louis, Second Vice-President, took the chair. On motion of Dr. Lutz a recess of twenty minutes was had, and upon reassembling, the meeting moved to the committee room of the First Presbyterian Church.

The President, Dr. J. W. Jackson, called the meeting to order. On motion of Dr. Lutz a correction was made in the minutes for 1885. On motion the reading of the minutes of the last meeting was dispensed with.

Drs. Beard, of Vincennes, Byrd of Quincy and Booth of Sparta, were invited to participate in the proceedings, and, on motion, the same courtesy was extended to all visiting physicians. Dr. Beard, by request, explained the Indiana State Medical Society as being purely scientific and legislative, no qualification for membership being asked beyond that the applicant be a gentleman, no reference being made to the code of ethics. The same was the case with the Mississippi Valley Medical Association.

The discussion of this matter continued for some time but was decided out of order by the chair.

The Secretary then read a communication from the Woman's Christian Temperance Union which was referred to the committee on state medicine.

The committee on Scientific Communications, through its chairman Dr. Middlekamp, of Warrenton, stated that no papers would be read, but that the titles would be announced and proceeded with those given him up to that time, as follows:

Rare Case of Laparotomy.—Case of Cyst of the Meso-Cecum.—Return of Cyst in the Cicatrix. By F. J. Lutz, M. D., of St. Louis.

Case of Addison's Disease associated with Gastric Ulcer. By N. M. Baskett, M. D., of Moberly.

Report of the Chairman of the Committee on the Collective Investigation of Disease. By B. F. Hart, of Brownsville.

Report of the Missouri State Board of Health to the Missouri State Medical Association.—An Unusual Case of Syphilis. By A. H. Ohmann-Dumesnil, M. D., of St. Louis.

Dr. D. H. Shields, of Hannibal, moved, and the motion prevailed, that the report of the committee on credentials be considered the calling of the roll of members.

Dr. C. S. Hall called for action on the resolution offered at the last meeting, in reference to selecting a permanent plan for the meetings. The resolution was discussed by Drs. Hall, Thompson, King, Steele and others, a number of amendments being offered. The resolution was lost and upon motion the chair then appointed the committee on nominations, which is composed as follows:

F. J. Lutz, M. D., St. Louis.; O. A. Williams, M. D., Tipton; Pinckney French, M. D., Mexico; J. H. Duncan, M. D., Kansas City; T. C. Boulware, M. D., Butler.

The Association then adjourned to meet at 2 P. M.

Afternoon Session.

The Association assembled at 2.45 p. m. Dr. J. W. Jackson in the chair. The committee on scientific communications made a further report. President Catlett's address was referred to the committee on publication. The Treasurer reported a balance $440.09 on hand.

Upon motion the dues for the current year were remitted except in the case of new members.

Dr. Griffiths of the State Board of Health read the report of its Secretary, Dr. Geo. Homan.

Invitations were read from the Training School, the Crow Art Museum, and Post Graduate Medical School and Polyclinic, the last to have a reception at 8 30 p. m.

The question of publishing the transactions was taken up and it was decided to print them as heretofore.

Dr. Nelson proposed a resolution that no paper be received by the Association or be published unless given to the Secretary as soon as read. Carried.

Dr. Shields, of the auditing committee reported that the Treasurer's accounts were correct.

The committee on state medicine read a series of resolutions from the Women's Christian Temperance Union, and, whilst not favoring them, endorsed the teaching of physiology and hygiene in the public schools. Substitutes and amendments were offered and discussed, and the whole matter was finally disposed of by laying it on the table.

The election of officers being next in order was entered into with the following result:

President: Dr. J. W. Jackson, Kansas City.
First Vice-President: Dr. Woodson Moss, Columbia.
Second Vice-President: Dr. W. E. Fischel, St. Louis.
Third Vice-President: Dr. C. L. Lamb, Hannibal.
Fourth Vice-President: Dr. Tinsley Brown, Hamilton.
Fifth Vice-President: Dr. J. S. Gillette, Rich Hill.
Recording Secretaries: Dr. J. C. Mulhall, St. Louis, and Dr. E. Cave, Mexico.
Corresponding Secretary: Dr. R. F. Brooks, Carthage.
Treasurer: Dr. C. A. Thompson, Jefferson City.

Next place of meeting, Macon City.

Dr. Mudd introduced a resolution from Dr. C. A. Todd which recited that as anatomical material is not adequate to meet the demand, the association pledge itself to induce the legislature to pass a more satisfactory enactment. The resolution was adopted and on motion of Dr. Dickinson a committee of three, to be named hereafter, will draw up a suitable bill to present to the legislature.

A vote of thanks was tendered the church wardens in whose edifice the meetings were held and the Association adjourned.

MEETING OF THE AMERICAN MEDICAL EDITORS ASSOCIATION

St. Louis, May 3, 1886.

The Association met at the St. Louis Club, and were called to order by the President H. O. Walker, of Detroit.

In the absence of the Secretary, Dr. Wm. Porter of St. Louis was elected Secretary protem.

The President read the following address:

Gentlemen:—The position of President of the Association of American Medical Editors, to which your partiality elected me a year ago, implied, if not distinctly expressed, that I shall on this occasion deliver an address. The principal difficulty which I have experienced in my effort to discharge this obligation has lain in the fact, that abler and more experienced predecessors in this position, have so handled the more appropriate subjects, which might serve me as texts, in such a manner as to have deterred me from making any one of them a basis of remarks. In view of this fact I have been driven to offer a few suggestions on matters of a business or semi-professional, rather than a distinctly professional nature. I take it that the majority of the editors of the medical journals of this country are also the publishers of their respective efforts. They are, moreover, not engaged in this work as in business ventures; that is they do not combine these publications with their work as practitioners, with any view of direct pecuniary profit, and, in the majority of instances, consider themselves to have accomplished a quite successful piece of work if, at the end of the year, the assets of their journals are found to have counter balanced their liabilities—quite satisfied if it shall appear that subscribers and advertisers have combined to contribute enough to satisfy the demands of the printer and the post office department. Many there are who willingly contribute their editorial services as a labor of love, and many, if they were able to discover evidences that these editorial services have added to their professional standing, consider themselves amply remunerated.

The statement that doctors are indifferent business men has become well nigh proverbial, and any hints calculated to improve their capacity in this direction can scarcely fail to prove of interest. The sources of direct revenue to tha publishers of a medical journal are the subscription list and the advereising account. The latter is so closely dependent on the former that the first object of the publisher is to place the journal in the hands of the largest number of those who will regularly read it. And this leads me to remark that there are for practical purposes, two classes of readers—the paying and the non-paying class. There is a *bone-fide* subscription list and a "stuffed" list. The former is a source of direct revenue to the publisher, a legitimate basis for contracts with advertisers and a credit to reputable journalism. The latter entails a loss to the publisher, is a fraud on the advertiser and a thing inconsistent with a correct standard of professional conduct. The former grows side by side with confidence, and like the growth of confidence its growth is slow. The latter is not a growth, but has the size and the airy nothingness of the soap bubble. The former is the list of the permanent publications which mould professional opinion; the latter is that of the catch-

penny sheet to which the moulding of professional opinion is a thing quite secondary to the additions of dollars to the store of the publisher. The former is the staff and support of reputable journalism; the latter is doing more than all other influences combined to ruin legitimate medical journalism. The former is, therefore, a something to be cultivated; the latter should be discouraged, and the evil tendency of it clearly indicated to such publishers as have been thoughtlessly attracted toward it.

The "stuffed" list includes the practice of sending out specimen copies, so called—a practice which, through the abuse of it which has grown to such dimensions of late years, has done a well-nigh irreparable damage to the business of publishing a medical journal which has not at its back some commercial enterprise which can turn the evil thus done to journalism at large to its own individual advantage. The only ground on which the *bona fide* subscription list can grow is merit in the editorial ability of the journal, such ability being not necessarily confined to the editorial department proper, but embracing the succes of the editor in securing meritorious contributions from the pens of workers in the field of medical practice. The practice of the wholesale distribution of specimen copies is, however, a blight on such growth, in so far as it keeps the profession supplied with reading matter free of expense to the reader. The very common experience of the canvasser for subscriptions to a medical journal is to be referred by the physician on whom he calls to a pile of assorted medical journals lying on his desk, which he declares have been furnished him without cost and which he claims come with sufficient regularity to supply all his necessities in that line. It is natural that the publisher in sending out these specimen copies shall furnish a number on which the editor has spent more than his usual amount of effort, and the consequence is that the literature thus gratuitously supplied is of a superior class, as compared with the usual standard. If, therefore, a single publisher had a monopoly of this plan of sending out specimen copies he would, doubtless, find it profitable, but since the plan is very generally practised it is thus made to defeat itself, by relieving the practitioner of the necessity of investing in a supscription in order to secure an adequate supply of periodical literature. I think I may safely appeal to the experience of the editor-publishers of this Association for support to the declaration that this gratuitous distribution of their best efforts does not pay, and in view of the damaging effect which it necessarily has on journalism at large, it has seemed to me but proper to direct the attention of the Association to it, in order that the matter may be formally considered, if, in the opinion of my associates, it merits such consideration. The *bona fide* subscription list should, furthermore, carry the names of no readers who do not, with proper promptness, discharge their pecuniary obligations to the journal. While there are exceptional instances, the rule is that when a reader fails to pay for his journal within the time fixed for payment by the journal's rules, it is his purpose to evade payment altogether, and, it will be found to be sound practice from a pecuniary point of view for the publisher to lop off within a reasonable time after the opening of the new year the names of all who have failed to remit for their subscription for the previous year. If a practice of this kind were universally adopted by the publishers of medical journals, as it is by publishers of secular periodicals, it would, in my opinion, redound very materially to their individual benefit, while it would also have the effect of increasing the respect in which the profession hold the medical press. It would, perhaps, be wise for publishers to adopt the pay-in-advance system, but some allowance should be made for the pecuniary difficulties from which medical practitioners are not infrequently obliged to suffer through no fault of their own. This is another matter which, it has seemed to me, it would not be outside of the functions of this Association to consider.

The advertising department of the medical journal has weighty claims on the consideration of the editor-publisher. Unfortunately, in, perhaps, the majority of cases, the editor is debarred from the privilege of shifting the responsibility for the infractions of the spirit if not the letter of the Code of Ethics to which we all yield allegience, to the shoulders of the convenient publisher, who acknowledges no code other than the unwritten standard of integrity which prevails in commercial circles. The editor-publisher is a sort of a "Pooh-Bah," who is obliged through force of circumstances, in which he finds himself, to do in one of his capacities things which in another capacity would be in more or less direct violation of his implied, if not expressed, obligations. I refer, now, more particularly to the matter of admitting to the advertising department of his journal advertisements of preparations which are expressly condemned by the Code of Ethics of the American Medical Association, to-wit: preparations the formulæ of which are secret

and in the very names of which the manufacturers hold a proprietary interest, which shuts off the salutary effects of competition. It is an indisputable fact that the revenue from this source is essential to the continuance of, perhaps, all the medical journals of this country. The confession is very humiliating to professional pride, but I make it thus openly in order both to secure that good to the soul which such patency is said, on very high authority, to ensure and to direct the attention of the Association to a matter in regard to which it may, perhaps, see fit to take action looking towards such amendment of codical restrictions as will relieve the journalistic fraternity of galling inconsistency between practice and precept. Personally I cannot but regard the provisions of the Code in regard to such preparations, as incompatible with perfectly legitimate business practice, and while I should be loath indeed to cast any reflections on an obligation to which I have voluntarily subscribed, I cannot resist the temptation to suggest, in this somewhat *sub rosa* manner, the advisability of some action looking towards relief from a feeling that the editor-publisher of this country does not square his conduct, in the matter of the advertising department of his journal, with the rules which govern him as a member of the medical profession. *Verbum sat sapienti*

I assure you, gentlemen, that I have felt some delicacy in obtruding matters of such a non-professional nature on your attention on an occasion which has well nigh come to be regarded as a sort of annual social reunion of the editorial fraternity. Perhaps the greatest good to be derived from our gathering, consists in that which comes from the hearty hand-shake aud the sympathetic expression of those with whom we have been holding communion, as "esteemed contemporaries" during the preceeding twelvemonth. If this Association had no other object than this, this object would be sufficient to justify its perpetuation, but the interjection of a little discussion of such practical nature as is involved in the struggle for existence, or in other words, in the fight for the almighty dollar, is not necessarily incompatible with a good time. If I, whose editorial experience has been neither very long nor very successful (owing, possibly, to the publishing experience which I was obliged to combine with it,)may be permitted to offer a criticism of the Association's work in the past, I would submit that it has not been sufficiently of that practical nature which is necessary to fit us to ombine with our acknowledged literary excellence, the requisites of pecuniary succes; for, gentlemen, I may say, (in all modesty, of course,) that you see before you a living illus. tration of the fact that something more than superior editorial ability is necessary at the helm to sail a craft combining all the peculiarities of the medical journal. It was with a view to directing the Association into the line of practical work of some nature, that I ventured to suggest a topic or two for consideration. This practical work need not necessarily be such as leads directly to the acquirement of money. There are many matters of an intensely practical nature attention to which is essential to journalistic success, but which do not bear direct pecuniary fruit. The time is coming, and even now is, when medical journalism in America to be what it should be, in view of the status of medicine in this country, must become more distinctively a business. Far be it from me to reflect, even by implication, on the fitnes of the general practitioner to be a successful journalist. Some of our brightest editorial minds are found in the persons of some of our busiest practitioners. But, gentlemen, the pursuit of literature and the practice of medicine are two separate and distinct callings, either one of which is sufficient to occupy to the utmost degree the capacity of any man, and when it is sought to combine with these the very diverse qualifications of the business man the chances are that the venture in the interests of which the combination is sought to be made is doomed to failure from the beginning.

I may venture to hope, gentlemen, that in your selection of my successor, qualifications quite different in their character from those which I have brought to the position may determine your choice.

Permit me, gentlemen, in returning to you my sincerest thanks for an honor most unworthily bestowed through your partiality, to express the hope that we may all be spared to meet in many more of these annuals reunions, and that at each meeting the bonds which unite us into a fraternity may be cemented firmer and firmer, so that, separating from these meetings we may be able in interrogating our hearts, hear welling up from within, the saying it was good for us to have been there.

After the reading the President appointed Drs. Brodie, Wile and Sim a Committee on Nomination, who reported as follows: President, J. V. Shoemaker, Philadelphia; Vice-President, Dudley Reynolds, Louisville; Secretary, William Porter, St. Louis. Thereupon the business meeting adjourned and sat down to the banquet tendered by the Medical Press and Library Association.

THE WEEKLY MEDICAL REVIEW.

(DAILY EDITION.)

ST. LOUIS, WEDNESDAY, MAY 5, 1886.

BOSTON MEDICAL LIBRARY ASS. MAY 21 1886

THE ASSOCIATION.

The great success attending the first session of the American Medical Association must give universal satisfaction. So far as we can see, there is thorough harmony, and everything shows that the machinery of the Association is in good working order.

It has been charged that the Association is "run by a ring," is "led by the nose," etc. These statements are not complimentary to the great body of intelligent men that constitute the membership.

Such thorough organization and unanimity rather show that there are *men at the helm*, men in whom all have confidence, and whom all will support.

One thing is very evident. There is no underhand work or hidden trap in this Association. Almost every thing that has occurred to-day was openly understood before the meeting, or quickly agreed to during the session. In other words, the whole business of the Association seems to be done by general consent, and after thorough previous discussion, needing only the official form to decide. Such work is honorable and commends itself.

WE must not forget that the whole East is not opposed to the American Medical Association. There are many men like W. H. Pancoast, Elliot, Shoemaker, Wile and Marcy, who are here and here to work; who are heart and soul with the national body; and that, not for dollars and cents, for it has cost them something to be loyal. Let the support they may receive more than supplement this loss, and may they daily add to their numbers such as shall be true.

AN ERROR in yesterday's issue made us say that Dr. Beard represented to the Missouri Society that the "Indiana State Medical Society was purely scientific and legislative, no qualifications for membership being asked, beyond that the applicant be a gentleman, with no reference to the code of ethics." The Mississippi Valley Medical Association was meant. The Indiana State Society is a legislative body, and demands adherence to the code. Moreover, it is one of the best societies in the country.

OUR friends will be patient with us if we do not at once include all that is handed us for publication. Our columns are crowded—and though we may for the time hold communications and messages sent us, we will try to find room for all, if not in the daily issue, in the succeeding weekly number.

THE MEETING AT ST. LOUIS.

The *Philadelphia Medical Times* says: We do not share the fears, which many have expressed, that the proceedings of the meeting of the American Medical Association at St. Louis will be marred by disorder; nor do we believe, indeed, that a strong factional spirit will be manifested by the friends of either the original Committee on Arrangements for the International Medical Congress, or the enlarged Committee appointed last year. We are free from this apprehension, because it is evident that the fortunes of the International

Medical Congress are not within the keeping of the American Medical Association, since by its action last year it clothed the enlarged Committee with full power to make all the needed arrangements. This has been done. An Executive Committee has been at work for several months, and has made decided progress in the preparations for the Congress of 1887. At the same time, admitting that the Association has no supervision or control over an independent Executive Committee of another organization, we maintain that the Association may, nevertheless, voice the wishes of the profession in this matter, and in a proper way still make suggestions to the Committee with a strong probability of their adoption.

We believe that at this meeting wisdom will guide the counsels of the Association, and that its proceedings will be marked by decorum and dignity. This meeting of the American Medical Association is of more than ordinary importance, because its decisions of questions which may come before it, if hasty or ill considered, will seriously impair its future usefulness, if they do not ultimately destroy it by precipitating strife and dissension.

Ustilago Maidis.—James Mitchell reports on the physiological action of ustilago maidis on the nervous system, in the *Therapeutic Gazette*, April 15. He arrives at the conclusion that the ultimate action upon the nervous system is that of a universal depressant, producing a diminution and final extinction of all reflex or volitional phenomena with the early induction of narcotism, that the loss of reflex activity is due to the paralysis of the sensory (receptive) portion of the cord; that the motor portion of the cord is also depressed, as well as the motor nerves; that it is also probable that the sensory nerves share in the general paralysis; that death is due to arrest of respiration, though in exceptional cases it may be due to the diastolic arrest of the heart. The ustilago maidis shows marked similarity with the action of bromide of potassium; it is also classed as an

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oxytocic and it is asserted has medicinal properties resembling those of ergot of rye. In comparing the three agents the author presents the following summary of conclusions:

Ustilago maidis:

Nervous system: Cerebrum; consciousness in frogs lost.

Spinal cord: The sensory portion is first paralyzed, the reflex paralysis being due to this cause. The motor portion of the cord, as well as the motor nerves, are also depressed and ultimately paralyzed. It is also probable that the sensory nerves share in the general paralysis.

Potassium bromide.

Cerebrum, spinal cord and nerves: "The evidence is, I think, sufficient to prove that bromide of potassium affects all parts of the nervous system of the lower animals, but that the cerebrum, the motor tract of the cord, and the afferent nerves are the last portion to be affected; that the most sensitive to its action is the receptive portion of the cord, and next to this the peripheral ends of the afferent nerves." (H. C. Wood's Therapeutics, 1880, p. 325.)

Ergot of rye.

The above summary of the general symptoms caused by poisonous doses of ergot shows that the phenomena are mainly paralytic in nature. It would seem that the nervous system must bear the brunt of the poison. It is probable that the chief action of the drug is upon the nerve-centers. (H. C. Wood's Therapeutics, 1880, p. 543.)

—Why were the Newark children, who were inoculated against hydrophobia, like Nebuchadnezzar? Ans. Because they were sent to *Pasteur*.

BANQUET TO THE ASSOCIATION OF THE AMERICAN MEDICAL EDITORS.

There assembled at the St. Louis Club, Monday evening, as the guests of the Press Association, the following named gentlemen :

H. O. Walker, Detroit, M. F. Comes, M.D., Medical Herald, Louisville; J. V. Shoemaker, Medical Bulletin, Philadelphia; J. J. Mulheron, Medical Age, Detroit; A. L. Fulton, Kansas City Medical Record; Thos. H. Hawkins, Denver Medical Times; Leartus Connor, American Lancet, Detroit; W. W. Jaggard, Chicago Medical Journal and Examiner; George H. Rohé, Philadelphia Medical Times; William C. Wile, New England Medical Monthly, Newtown, Conn.; Richard J. Dunglison, College and Clinical Record, Philadelphia; W. M. Carpenter, Medical Record, New York; D.W. Yandell, American Practitioner and News, Louisville; F. L. Sim, Mississippi Valley Medical Monthly, Memphis; N. S. Davis, Journal American Medical Association; D. T. Smith, American Practitioner and News, Louisville; J. Deering Roberts, Southern Practitioner, Nashville; Thos. Summers, Florida Medical and Surgical Journal, Jacksonville, Fla.; John S. Marshall, Archives of Dentistry, Chicago; J. Taft, Dental Register, Cincinnati; F. L. James, A. H. Ohmann-Dumesnil and F. M. Rumbold, St. Louis Medical and Surgical Journal; John J. Harper, Archives of Dentistry, H. M. Whelpley, National Druggist St. Louis. Besides these gentlemen, directly connected with the medical press, the following distinguished guests were present: Wm. Brodie, the President of the American Medical Association; Dr. J. M. Toner, Washington, D. C.; Henry O. Marcy, Boston; Wm. H. Pancoast, Philadelphia; Moses Gunn, Chicago; John B. Hamilton, Surgeon-General U. S. M. H. S.; Walter Wyman and S. T. Armstrong, U. S. M. H. S., Dr. Octerlony, etc.

The members of the Medical Press and and Library Association were present in full force.

The President of the Medical Press Association, Dr. Wm. Porter, delivered the following address:

GENTLEMEN OF THE ASSOCIATION OF AMERICAN MEDICAL EDITORS: It has been my

pleasant duty to greet you in the name of the Medical Press Association of St. Louis. You have honored us with your presence at our table, and by that token we are friends; we are engaged in the same work and in our labors we are brothers.

In nature the all powerful forces are silent ones. Among men, and especially among medical men, the most potent influences are also silent.

The books upon our shelves are rays of light from the bright lives of men whom we never saw. The records of the experience of others noiselessly mold and shape our own actions, till we have a strange commingling of that which we have read, combined with and colored by that which we have seen.

So it is, gentlemen, that an assembly of medical editors is a force—a mighty power—capable of exerting an influence which may not be easily estimated.

To be called to the chair of a medical university or college is a distinction which many have greatly desired; but while the professor speaks to scores of doctors that are to be, you, gentlemen, address each week or month hundreds or thousands of physicians in active practice, men who are themselves centers of influence and power.

In union, in organization, there is strength. Here, in the acknowledged directors in current medical literature, is a power which harmonized and organized, I hesitate not to say, is the controling power of the profession of to-day.

See to it then that this force be rightly applied, that it be not the fitful mind or the swaying tide, but constant persistent and unyielding in upholding the honor and dignity and progress of our loved profession.

I congratulate you, gentlemen, that you are all in accord with the spirit of our great and grand National Association. It is needful that this should be. In the deliberations of the American Medical Association are formulated principles which it is yours to take, present to, and urge upon your readers.

Your journals connect the National head with the individual members of the great and legal body of American physicians.

Of this body of giant frame and varied membership, it has been said that the brain is situated near the rising sun. Location or causes to us unknown seem to have developed a hydrocephalic tendency, which we may well treat by counter irritation, compression, or absorption.

Meanwhile you are the back bone, each one a vertebra of strength.

In conclusion we have placed before you this evening food for the inner man, to signify our appreciation of that mental pabulum which we have received during the year that is past, through the medium of our exchanges.

Dr. I. N. Love was elected toast-master, and presented quotationr from Shakespeare, which were responded to by Drs. N. S. Davis, Wm. Brodie, J. M. Toner, W. H. Pancoast, H. O. Marcy, J. B. Hamilton, J. V. Shoemaker, W. C. Wile and J. M. Carpenter.

Many others responded happily, especially Drs. Summers, Woodbury, Mudd, Todd, Yandell, Reynolds and Gunn.

The festivities were kept up until a late hour, and through the merry hours was nothing to disturb or annoy.

AMERICAN MEDICAL ASSOCIATION.

Thirty seventh Annual Session held in Exposition Building, St. Louis, May 4th, 5th-6th and 7th, 1886.

First Day May 4th.—Morning Session.—General Session in Music Hall.

At 11:15 a. m. the meeting was called to order by Dr. Le Grand Atwood, chairman of the Committee of Arrangements, who introduced the President, Dr. Wm. Brodie, of Detroit. Rev. Montgomery Schuyler, D. D., then offered prayer.

Hon. D. R. Francis, Mayor of St. Louis, then delivered an address of welcome on behalf of the citizens of St. Louis. He stated that it was appropriate for the Association to hold its session in the healthiest city in the United States. He extended the most cordial welcome to all in behalf of the municipal government, and stated that the physicians of St. Louis had made ample preparations. He then spoke of the high and noble profession of medicine and regarded the art of healing as coordinate to the ills and accidents incident to mankind. He reviewed the growth of medicine from its practice by the priests to the present day, regarding its history as that of religion, science and progress. After eulogizing the practice of medicine and alluding to the great advances made since the time of Esculapius and Hippocrates to the present, he concluded by bidding all a hearty welcome to the city.

Dr. Atwood next made an address in behalf of the local profession. He thought that the previous speaker had well covered the ground—that the physicians here were enthusiastic and had been nobly seconded by the citizens of St. Louis. In 1874 when the Asso-

ciation first met in St. Louis, the present President, Dr. Brodie, first became a member. Here also resided some distinguished men. Beaumont, Joseph Nash McDowell and others, whose reputations have made them famous; Jno. S. Moore who first lectured west of the Mississippi; Chas. A. Pope, and last but not least, Jno. T. Hodgen. If the spirits of these can revisit the places they like best they are hovering about, and would, if in the flesh, urge all to keep inviolate the code of ethics. He concluded by extending a thousand hearty welcomes to all.

The ex-presidents of the Association were invited to take seats upon the platform.

The Committee on Arrangements, through its chairman, Dr. Atwood, made a report, printed copies of which had been furnished to the members.

A protest was read against the admission of delegates from the Philadelphia Co. Medical Society, N. Y. Academy of Medicine, Davidson county Medical Society, Tennessee, Tri-State Societies, Mississippi Valley Medical Society and Tennessee Medical Society. All were referred to the Judicial Council.

A number of applications for membership by invitation were read and accepted.

The Annual Address of the President by Dr. William Brodie, of Detroit, Mich., was next read. He congratulated the members in meeting again and renewing old friendship as well as making new ones. Whilst most of the members have been spared it was with sadness that he announced the decease of three ex-presidents of the Association during the year. Dr. W. K. Bolling, of Tennessee, Jno. L. Atlee, of Pennsylvania, and Austin Flint, of New York. He reviewed the career of these gentlemen, and paid a fitting tribute to their memories. The past generation of our medical men is fast fading away, and may we hope that those who follow will fittingly represent their predecessors. The speaker proposed to confine his remarks to the progress of the Association. He reviewed its progress from the first meeting held in 1846, where 120 medical men met. Their object was to elevate the tone of the profession and the standard of medical colleges. It was deemed also best, at that time, that the teaching and licensing should be separated and many other things equally valuable. But four of the originators are living to-day. Drs. N. S. Davis, A. Stillé, Alonzo Clark and Bush, the first two having been presidents. At the next meeting in Philadelphia in 1847, the committee reported the code of ethics and by-laws which have scarcely been changed since, the code

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having stood the test of forty years and constituting the rule of action for more than nine-tenths of the physicians of the United States. What is remarkable is that of all the societies of this country, but one has repudiated the code, and it is the one that first invited the formation of the American Association,—the New York State Association.

In no one subject is the people more interested than the medical profession. It is charged that this body has failed to carry out the purpose of its founders, and has, instead of being a scientific society, degenerated into a meeting of demagogues. Were its transactions reviewed, no justification of such a charge would be found. This charge is due chiefly to the *New York Medical Journal* and *American Practitioner*, and it would be well for these journals to change their editorial management, if they wish to retain the patronage of the members. Here the reader mentioned a number of papers by members which have not only been of the highest, value, but made their authors eminent.

Before the time of this Association specialties were unknown, and the accretion of population increased this. The opthalmologists were the first to form a national association, then the others followed. These are all necessarily restricted, but the American Association knows no limits.

No pent up Utica contracts their powers,
The boundless universe of medicine is ours.

Recommended new section on Medical Jurisprudence, and one on Dermatology and Syphilis; that the Secretaries of sections be made permanent. The journal thus far has been a success. The plan of receiving members by application has also proven satisfactory. He called attention to section 3, article iv., by-laws, making all papers, addresses, etc., the exclusive property of the Association, reporters of journals, however, not to be excluded from the meetings of the general sessions and of the sections.

Called attention to the by-law referring to testimonials for patent and secret medicines, and as proprietary medicines had left open a door, this ought to be corrected, as practically

patent, secret and proprietary medicines were the same.

It has been suggested that the Association be modelled on the plan of the British Association with branches in the various States and Territories, but he could not see any advantage in this.

He announced with pleasure that the arrangements for the Ninth International Congress in Washington, D. C., were progressing well.

As it was questioned by some that the American Association had any authority to govern the action of the profession in regard to the Congress, the speaker gave a *résumé* of the work done since the last meeting of the Congress. Recommended that the report of the committee, as now constituted, be adopted.

Matters of importance may come, and the very existence of the Association may be hazarded, and the speaker asked the members to do all they could to secure its stability. In conclusion, he asked all to co-operate with him to make the meeting a success.

A vote of thanks was proposed by Dr. Murphy, of Minnesota, and also to refer the recommendations of the paper to the proper committees. Carried.

Committee on Transportation annnouced that members who have paid full fare can return at one-third the rate.

A memorial from the Women's Christian Temperance Union was referred to the section on State Medicine.

Dr. J. Lynch, Baltimore, on Committee of Preliminary Organization, reported the adoption of rules, appointed officers and committees, which were read. Accepted and adopted. The motion was reconsidered, and this last laid on the table.

The amendments to the constitution, laid over at the last meeting, were next considered.

Dr. N. S. Davis read amendment to change the present order of nominating chairmen and secretaries so that each section shall nominate its own officers on the second day of each annual meeting, their duties to commence at the close of the meeting. Dr. A. L. Gihon offered a suggestion, that when the sections elect officers they make the secretaries permanent. Quite an animated discussion took place. The amendment was adopted on a rising vote.

A number of volunteer papers were announced and referred to their proper committees.

The delegates were instructed to elect their representatives on the nominating committee.

The session then adjourned to meet at 10 a. m., May 5.

REPORT OF MEETINGS OF SECTIONS.

Tuesday, 3.00 P. M.

Section on Obstetrics and Diseases of Women.

Dr. Gordon, Chairman of the Section, trusted in the ready co-operation of the Section, and defined the governing rules.

Dr. William H. Wathen, of Louisville, Ky., read a paper on

"TREATMENT OF THE MEMBRANES IN ABORTION AND LABOR."

He called attention to the division of opinion on the best mode, the expectant and the non-expectant.

The subject is to be divided into three stages: the first being the first two months; the second, from the second to the seventh months, and from then to full term. In abortion, after the eighth week, the membranes should be removed after twenty-four hours or later if there be fear of hemorrhage or appearance of hemorrhage. Statistics speak in favor of early removal. He called attention to the danger of septicemia and hemorrhage by allowing secundines to be retained. In abortion, before the second month, the case should be left to nature. After that period the membranes must be removed unless the woman is in a state of collapse. Is radical in his treatment, and does not wait.

Dr. Fuller, of Maine, was favorable to the sentiments of the paper.

Dr. King also favored removal by active measures. Deliver with antiseptic precautions.

Dr. Reid, of Ohio, indorsed Dr. Wathen's sentiments.

Dr. Potter called attention to the indiscriminate use of Crede's method, massage, etc., and suggested that in using them that we should have some specific idea of what we mean to accomplish.

Dr. Hunter protested against intrauterine injections, unless very carefully made.

Some Observations on the Uterine Sound With Especial Reference to Its Use in Gynecological Therapeutics,

Was the title of a paper read by Dr. W. W. Potter, of Buffalo, N. Y. The writer called attention to the ancient armamentarium of the gynecologist. The sound is still retained, as an instrument of great value, and is of use in clearing up doubtful points in diagnosis. He called attention to the opinion of many that the irritation made by the sound has often been the cause of great damage. His experience has been that it should be very carefully used, and only in well-defined conditions. Of late years he has not used the sound often. He asserted that he had seen inflammation of all the pelvic organs follow the use of the sound. That abortions are caused by injudicious and unguarded use of the sound is notorious, and an argument against indiscriminate use of the instrument. It is impossible to get a correct idea of the condition of the pelvic organs thus alone. The well-educated hand and fingertips are absolutely essential in diagnosis.

Section of Ophthalmology, Otology and Laryngology.

Dr. Jackson, of Philadelphia, read a paper on Retinoscopy (shadow-test) for the detection of ametropia. He recommends for this method a flat mirror of a diameter of one inch and a half. He thinks it especially adapted for the detection of astigmatism and, furthermore, in the examination of unruly patients and in nystagmus.

In the discussion of the subject the main point elicited was, that retinoscopy is especially adapted to quickly determine the existence or non-existence of astigmatism of high degrees of hypermetropia and myopia combined with astigmatism.

The discussion was participated in by Drs. Fryer, of Kansas City, Johnson and several others.

The second paper was read by Dr. Dibble, of St. Louis, introducing his perimeter, for which he did not exactly claim originality, yet he offered it as an improvement on Foerster's, which it resembles very materially, being, however, lighter and cheaper and having a registering plate.

After a recess for the inspection of the very neat instrument which costs only $50 in a proper box, an animated discussion took place upon the merits of the instrument. It seemed to be considered by most of the gentlemen to have peculiar advantages, while others stated thst they could hardly see them. It is said to be almost exactly like McHardy's, of London, which was better, however, having a good registering apparatus and a good face rest.

With regard to McHardy's instrument, Dr. Dibble stated that it ought to be called Stevens' instrument, since he knew that McHardy had stolen it from Stevens.

The discussion was participated in by Drs. Thompson, of Indianapolis, Coomes of Louisville, Reynolds, of Louisville, Hazen of Iowa, Alt of St. Louis, Webster Fox of Philadelphia.

Dr. Wm. Porter read a paper on Practical Points in the Treatment of Diphtheria, which will appear in a later number. It was followed by full and free discussion.

Section on Diseases of Children.

1. Diphtheria. By J. M. Dunham, Columbus, Ohio.
2. Treatment of Diphtheria. By DeLaskie Miller, Chicago, Ill.
3. The Non-Identity of Membranous Croup and Diphtheria. By J. M. Towles, Columbia, Tenn.
4. Why Diseases of Children should be made a Study by themselves. By Mary H. Thomson, Chicago, Ill.

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At least fifty gentlemen interested in the departmeat of diseases of children were present at the first session.

The very interesting paper of De Laskie Miller, of Chicago, on Diphtheria was followed by a very excellent discussion. The chairman, Dr. Haggard, took a position in favor of the individuality of diphtheria and croup. His treatment of diphtheria was essentially tonic and stimulant and nutritive. Not too much of either of the two last for fear of overburdening the kidneys. Believed the disease was originally constitutional and the local expression followed the constitutional involvement. Believed tracheotomy was not resorted too early enough usually. Hoped very much from intubation. Was favorably impressed with the reports as given. Dr. Franklin, of Chilicothe, O., Dr. Briggs, of St. Louis and Dr. Pierson, of Louisiana, related cases and endorsed the paper of Dr. Miller.

Dr. Pierson spoke strongly in favor of the local use of solutions by chloride of sodium.

Dr. I. N. Love, of St. Louis, desired to put himself on record as in favor of the specific germ being the cause of the disease, his treatment being antiseptic, germicidal, broken doses of calomel, and infinitesimal doses of bichloride of mercury ($^1/_{100}$ gr. every two hours). No quinine, little iron, and positively no chlorate of potash. He did not need to see the reports of Von Meering to convince him that chlorate of potash was sometimes dangerous when used internally, and, as a local application, very decidedly preferred Listerine, well diluted.

A number of lady M. D.'s were present, and listened attentively, but did not participate in the discussions.

Section on Practice of Medicine, Materia Medica and Physiology.

We present abstracts of the following papers:

Etiology of Disease.

Dr. A. C. Haven, Lake Forest, Ills.

What is this mysterious force or entity which men call life?

"The Lord God formed man of the dust of the ground, and breathed the breath of life into his nostrils." This gives us the origin of life and we know as much of it as we do of any other force. Living matter presupposes antecedent living matter from which it came.

Living matter is heterogeneous, notwithstanding to the chemist and microscopist it appears homogeneous. The protoplasm of the elephant and man are identical, yet how different in development! and the fixed tendencies are not the result of chance but of law.

Theories have not been wanting to explain vital phenomena. The evolutionists believe that the fully formed body exists in the primitive cell or ovule, and that its development produces the mature individual or plant. Others believe in the theory of epigenesis. Hæckel believes in Perigenesis. Darwin formulates the theory of pangenesis. The ovule contains atoms from every organ of the parent and these simply develop, reproducing the original organic forms. Whether the theories be accepted or not, we must recognize that all vital phenomena are governed by law. All law tends to perfection.

The origin of all disease can be traced to external sources.

Many unsatisfactory causes are given for disease. "Exposure to cold." Has anyone seen the vaso-contractor and vaso-dilator nerves? Do sewer gas and decaying vegetables produce malaria? And what is malaria? What is the carcinomatous diathesis? Theory with a little smattering of science from which to weave the fabric of the etiology of disease. All true science is based upon the Baconian system of induction, observing nature, collecting facts and deducing laws. What laws have been deduced? Have not hundreds left the profession, feeling that it was an incomplete science in the absence of laws? Where has there been more speculation and idle dreaming than in medicine?

There is a large number of diseases of whose etiology the profession are as ignorant as a savage in the heart of Africa. There is

no satisfactory classification of disease. Richardson having probably the best.

I. Phenomena having their origin in causes which in one or other form are persistently present, are parts of the natural order of the universe, are inseparable from that order, and are therefore beyond human control—as temperature, earthquakes, lightning, etc.

II. Phenomena having their origin in causes which, though springing out of nature in some unknown way, and though difficult of control, are nevertheless under an improving knowledge "controlable." Under this class he includes the contagious, infectious and many hereditary diseases.

III. All disease due to old age.

IV. Phenomena of disease dependent on such causes as modes of life, and self-imposed acts of a person or a community.

Dr. Draper has observed that inhalation of ozone caused catarrhal symptoms. Does this chemical agent sustain a causal relation to disease? Shall the ozone which has been heretofore considered healthful, prove cause of disease?

Rheumatism and neuralgia frequently result from increased atmospheric pressure.

The cause of zymotic disease has given rise to more discussion than all else perhaps, and the theorist, having tired of all other theories—now turns to the germ theory which is looming into prominence despite the obstacles thrown in its way.

The author then ably reviewed the recent great work of Pasteur and other workers in the field of bacteriology.

Essential Vertigo.

BY DR. L. BREMER, ST. LOUIS.

Vertigo often falls within the boundary lines of health, and is transient in character, but it constitutes a well-marked disease, and rises to the dignity of a pathological reality if it is severe and persistent enough to interfere with the comfort or occupation of the patient. Essential vertigo (Nothnagel), described by others as idiopathic or simple vertigo, i. e., that form which occurs in the absence of a causal lesion, is generally met

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with in the neurasthenic. Prominent symptoms are the various kinds of phobias (agoraphobia, etc.) Essential vertigo is preeminently one of a mental hallucinatory kind, psychical symptoms constitute a prominent feature. Complications of sight, hearing or digestion frequently accompany the disease which must not, however, be confounded with aural ocular or stomachial vertigo. Neither pathology nor physiology have done much towards demonstrating the seat of the trouble ; we cannot, as yet, speak of an equilibrial centre. The equilibrium in man is maintained by a complex nervous machinery composed of a number of afferent and efferent nerves and their cerebral and peripheral terminating apparatus. The chief motor centre is the medulla oblongata and the subsidiary and local vaso-motor centres play an important part in the production of vertigo. These centres are particularly unstable in the nervously exhausted or neurasthenics. The cerebellum is not, according to recent investigations the exclusive coordinating or equilibrial centre, but it is one of reinforcement of the motor impulses as they are transmissible from the psycho-motor area to the voluntary muscles. E. V. is generally brought on by a vaso-constriction in those arteries that supply the mid-brain, the recognized seat of the centre of equilibration. But this vaso-constriction is chronic and with this a more or less permanent irritability and instability of the equilibrial ganglionic cells is brought about. In advanced and confirmed cases the highest sensory impressions suffice to bring on the vertigo without the vascular disturbance. The remote cause of E. V. is a neurotic disposition. The proximate causes are exhausting diseases, excesses of all kinds, the rays of the sun, overheated

and badly ventilated rooms, indigestion, mental maladies, and, in a great many sections of the country, malaria. The last named disease constitutes a fertile soil for growth and development of all kinds of neuroses. Even after malaria is cured, the vertigo caused by it may persist. The seasons play an important part in the vertigo. Moderately cold winter months, May and June are the most favorable to the patient. The heat of the summer months is prejudicial to them. Therapeutic measures must be reconstructive in character. The food and clothing (wool) must be the chief objects in treatment. There is scarcely a case of vertigo without indigestion, usually nervous dyspepsia. Yet we can't call such a case one *a stomacho læso*, although the stomach, above all, has to be treated. Cold water is a useful and powerful remedy. Warm bathing and hot water are injurious. The bromides and quinine give temporary relief. Iron generally aggravates the trouble, although judging *a priori* it is indicated.

Vertigo patients are as a rule anemic. Arsenic is often useful. The vaso-motor remedies as par excellence. Amyl nitrite and ergot seem to have no influence either on anemic or hyperemic vertigo. Electro-therapeutic measures have in my hands failed completely. The prognosis is good *quoad vitam* but bad *quoad valetudinam completetam.* Life is surely compromised by essensential vertigo, and patients may grow old with it but the constant alarm experienced by the patients may set up physical and psychical ailments of greater or less gravity. An ominous symptom is loss of memory and confusion of thought. It would be a comparatively easy task to successfully combat vertigo were it not for the fact that we have in most instances to deal with bad habits (alcohol and tobacco) unwholesome surroundings and adverse circumstances of a financial nature. However complete the success of treatment in a case may seem there always remains a tendency to relapse. Like the sword of Damocles vertigo hovers over the head of the predisposed, ready to descend on the victim when least expected.

A paper on Physiological Principles in Aid of the Circulation of the Blood was read by F. N. Huston of Rockland, Me., also on Antipyretic Doses of Quinine in Typhoid Pneumonia by O. T. Schultz, Mt. Vernon, Ind.

SECTION OF ORAL AND DENTAL SURGERY.

Dr. John S. Marshall Chairman, Dr. A. E. Baldwin, Secretary.

The Chairman called the section to order and announced the first paper to be read which was by Dr. E. S. Talbot of Chicago—Pyorrhea Alveolaris. The Doctor took the ground that it was a local disease and would yield to local treatment, stating that ninety-five per cent of patients were more or less afflicted. Stated that the local causes, tartar, artificial partial dentures, tobacco, drugs, fillings under the gum, etc.

The St. Louis Dental Society, and the Dentists of the city, were given the privileges of partaking in the discussions, Dr. Atkinson New York stated that the disease, Pyorrhea Alveolaris was a local manifestation of a systemic disturbance and must be treated locally and with systemic tonics.

Drs. Taft, Cincinnati, Williams of Boston, Alport, Chicago, Conrad, St. Louis, took part in the discussion. Subject passed.

NECROSIS, by W. H. Atkinson, was the next paper read which was discussed by Dr. Taft and others, after which Dr. Atkinson gave a minute description of Sponge Grafting, stating that he sterilized his sponges in a solution of Bi. Chlor. Mer. 1 gr. to aqua 1℥ heated to 130 to 164 degrees, F. and kept it in the solution in a sealed vessel. The doctor stated that 300 copies of his paper on Sponge Grafting would be at the disposal of those who might be interested, by tomorrow's session, as he would place them in the hands of the Chairman previous to that session.

On Wednesday, Dr. Morrison St. Louis, will read a paper on Transplantation, history of an interesting case.

Superior Third Molar discharged from the Nasal Passage.—By John S. Marshall. Dr. J. Taft: Subject not stated.

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(DAILY EDITION.)

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The Next President of the American Medical Association.

The one essential qualification of our next President, other things being equal, should be that of never-failing loyalty to the Association and its organic law. The almost unanimous sentiment of the profession and the Association is in the direction of rebuking the malcontents of New York and Philadelphia. This rebuke can be made the more positive by selecting the President for the ensuing year from the section of the country, where none but old code men and earnest upholders of the faith are permitted to be placed on guard.

While the entire country outside of the two cities named above is almost a unit, there can be no gainsaying the statement that the West and South have never wavered in their unswerving devotion to truth and right, as they are related to Association interests. We feel sure from a free mingling with the Southern and Western delegates that we know the man to whom their thoughts most turn, and the State of Missouri and the City of St. Louis are to a man clamoring for his nomination. We know that it has not been the custom to choose the candidate for the succeeding year from the city holding the convention; but we think exceptions are always in order, and particularly at this time. A conflict was feared in St. Louis on account of the many International Congress rumblings, but peace perches her banner over all, and quiet reigns over the "medical Potomac" to-night. For this reason alone, if not for others, the American Medical Association should feel grateful to St. Louis. We then hope and trust that the Nominating Committee may in their wisdom see fit to recognize the appropriateness of making their selection on the field.

From the foregoing the mind naturally turns to that calm, benevolent, conservative man whom but to know is to love, with abilities as a teacher and surgeon of high order, a wheel-horse in our midst, who, for forty years, has worked and struggled for the good of the profession. We refer to Dr. E. H. Gregory, now President of the St. Louis Medical Society, and last year President of the Missouri State Medical Society.

Laryngological Section of the Congress.

At last it has been decided that there shall be a separate Section of Laryngology in the coming Congress. This is a recognition of a branch of practice which will give satisfaction to all.

Many thanks are due Dr. Jones, of Chicago, for the consummation. He was President of the combined Section of Otology and Laryngology, and his efforts for a division were unselfish. It is now right, since all good men in the profession can come in—that the laryngologists at home and abroad should take hold of this work and make their section a success.

Again we ask our friends to be patient in that we cannot give full reports of everything said and done. It is space alone that prevents, and we regret that we did not arrange for twice as much space in our daily issue.

For the information of many members, that have inquired regarding the steamboat excursion to New Orleans arranged by the Anchor Line of Steamers, through the mediation of the Review, we are authorized to report that the reduced rate is thirty dollars for the round trip, including berths and meals. Two or three days may be spent at New Orleans. The certificate of membership need only be presented at the office on the wharf-boat at the foot of Chestnut street. The palatial steamer City of Natchez departs on Saturday, May 8th, and the magnificent City of Baton Rouge, on the Wednesday following, May 12. The courtesy is extended to the members for both vessels.

The Committee of Transportation urgently requests delegates and members to arrange for their Return Tickets by calling between the hours of 9 a. m. and 1 p. m. each day at the S. E. corridor of the Exposition Building. The return ticket cannot be procured elsewhere.

The registration of delegates and members is going on steadily. New arrivals are constantly taking place. The number on the list last evening approximated 1200. This is far in excess of the New Orleans attendance.

There is but one voice of appreciation respecting the high standard of the musical entertainment of last evening at Exposition Hall. It was thoroughly enjoyed.

Treatment of Pertussis.—From an interesting letter by the Berlin correspondent of the *Therapeutic Gazette* we learn that Prof. Henoch relies solely on one remedy, viz.: morphine, prescribing as follows:

℞ Morph. acet. s. mur., gr. $\frac{1}{6}$–$\frac{1}{2}$.
Aq. destill., - - ℥j.
Syr. alth., - - - ℥ss.

M. S. One teaspoonful two to four times a day.

If somnolence sets in the drug is stopped. Great care should be taken to inform the nurses of the nature of the remedy. It is preferable to the dangerous atropine. Still Henoch orders it only in the severer cases marked by about twenty paroxysms a day. In milder cases he orders inhalations of carbolic acid in a one-half per cent solution by means of an atomizer, or orders the air of the sick-room to be impregnated with the same evaporating solution. This medication furnishes no constant results, sometimes being remarkably favorable, sometimes wholly negative, but at no time injurious. After having tried all the methods, even the systematic quinine exhibition, Henoch is convinced that the morphine medication and the carbolic acid inhalations are the best.

AMERICAN MEDICAL ASSOCIATION.

Thirty-Seventh Annual Session held at St. Louis, Exposition Building, May 4th, 5th, 6th and 7th, 1886.

Second Day, May, 5th.—Morning Session.

The Association was called to order at 10:30 a. m. by the President. Rev. M. Rhodes, being absent, there was no prayer.

Dr. Atwood, of the committee of arrangements, read applications for membership by invitation.

The Secretary announced that the committee on the President's address consisted of Dr. Mercy, of Minnesota, A. L. Gihon, U. S. N., and Garcelon, of Maine.

The committee on elections was then read by the Secretary as follows:

Alabama. ———
Arkansas. O. E. Hooper.
California. ———
Colorado. J. W. Graham.
Connecticut. ———
District of Columbia. J. W. Buckley.
Delaware. ———
Florida. T. O. Summer.
Georgia. J. W. Bailey.
Illinois. J. E. Owens.
Indiana. Wm. Watson.
Kansas. C. V. Mortrom.
Kentucky. W. H. Wathen.
Louisiana. Jos. Jones.
Maine. C. E. Webster.
Massachusetts. Cushing.
Maryland. G. H. Rohé.
Michigan. H. O. Walker.
Mississippi. F. H. Rowland.
Missouri. G. F. Dudley.
Minnesota. — Kimball.

Nebraska. Wm. Knapp.
New Mexico. W. R. Tipton.
New Jersey. E. L. B. Godfrey.
New York. E. S. F. Arnold.
North Carolina. C. J. O'Hagan.
Ohio. H. J. Sharpe.
Pennsylvania. —Lands.
Rhode Island. —Stover.
South Carolina. —Kinloch.
Tennessee. Duncan Eve.
Texas. —Paine.
Vermont. Woodward.
West Virginia. G. W. Baird.
Washington Territory. W. T. Gallaway.
United States Army. ———
United States Navy. —Hoard.
Marine Hospital Service. W. Wyman.

A protest was entered against the admision of Dr. Eve, of Tennessee, on the committee, before the Judicial Committee passed in the Society of which he is a delegate.

Next in order came the address of the Chairman of the Section on Surgery and Anatomy, by Nicholas Senn, of Milwaukee, Wisconsin. He stated that it could not be denied that the sphere of the physician has been getting limited, and that surgery has been making inroads upon the territory of medicine. During the past few years surgery has assumed a progressive and aggressive course, and operations are now being made that a few years ago would have been regarded as unjustifiable. Explorative surgery is now resorted to, and numerous maladies formerly regarded as incurable are relieved by surgical means and organs regarded as indispensable are now successfully extirpated. The subject of the address was then the

Present Status of Abdominal Surgery.

The speaker then began a review of the most important papers written during the year on penetrating wounds of the abdomen, gun-shot wounds of the intestines, and penetrating gun shot wounds, it being necessary here almost always to open the abdomen and examine the intestines, and attend to them properly. The medico-legal bearing of the case may involve difficulties, but this should not deter the surgeon from performing his duty. Procrastination and transportation in such cases are most dangerous as they promote hemorrhage and final extravasation. Abdominal section has for its objects: Positive diagnosis, arrest of hemorrhage, repairing the breach in the solution of continuity, and the prevention of extravasation. The details of the various steps were next considered by the speaker.

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Next laparo-colotomy was considered by Dr. Senn, and then he took up the subject of sub-cutaneous traumatic rupture of intestine, which is more common than generally supposed. The various opinions respecting the treatment to be adopted were given, various operations having been suggested. The greatest difficulty, however, is to make a diagnosis. The reader thought that abdominal section and resection of the bowel is the best treatment. The treatment of abdominal obstruction by laparotomy is still in its infancy. The results of operations for internal strangulation will improve as the operative interference is performed early.

Until recently operative treatment of intussusception has been regarded as almost criminal. Where no adhesions exist reposition will often reduce the invaginated bowel. If these measures fail us,no time should be lost to open the abdominal cavity and reduce directly,and if this is not successful resection of the bowel or a preternatural anus must be resorted to.

Entero-lithiasis and entero-stenosis were noticed. In the latter the obstruction is not difficult to find, but it is difficult to locate the site. Enterectomy is an operation whose results depend upon the condition of the tissues cut. There is also a certain limit in the amount which can be removed. Rupture of the diaphragm; the treatment of peritonitis by incision and drainage; tubercular peritonitis; peritonitis with effusion; gastrotomy for malignant and non-malignant disease of the esophagus and for cicatricial stenosis; pylorectomy; gastro-enterectomy for malignant and non-malignant disaese; jejunostomy, etc., were considered. The speaker hoped that however interesting these operations might be they ought to be limited to the lower animals. The conclusion of the address included the evidence of the good work done in abdominal surgery, but its greatest achievements belonged to the future. Diagnosis will improve as well as the operative procedures and methods of treatment. Abdominal surgery is of American origin, and it is an important and sacred trust which has been left to us to develop.

Referred to Section on Surgery.

Dr. S. C. Gordon, of Maine, Chairman of the Section on Obstetrics and Diseases of Women, made an address, in which he alluded to the fact that a great many pet theories have been exploded. One of these is that an accoucheur who has been exposed to septic influences should not attend a woman. Absolute cleanliness, however, is sufficient to protect. The speaker did not attempt to review the progress made during the last year. During the past year he had applied Hegar's test to determine pregnancy. For obstinate vomiting no better method than dilating cervix and raising uterus. For induction of labor prematurely he preferred a bougie, and regarded the eighth month as best where deformity of pelvis exists. He regarded the post-partum treatment of women as important to the highest degree. Especially is this applicable in the matter of food.

He was in favor of diminishing the suffering and of shortening the time of labor, as American women seem not to be able to bear as easily as the British. The treatment of the placenta as given by Pajot recently is best. Prompt and gentle traction on cord and finger passed up along cord to determine the amount of traction, is the method. In abortion do not forcibly remove the secundines.

The removal of the uterine appendages, Battey's Tait's and Hegar's operations, were next considered. Much difference has existed as to the propriety of performing these operations, and the indications calling for them. This lead to the consideration, on the part of the speaker, of hysteria and its relations to diseases of the uterine appendages. After alluding to hysteria and the various opinions expressed as to its causation by disease of the uterine appendages, the speaker went on to say that the week pending and following the flow, including the period, is the time when we are to expect to see the nervous phenomena most developed. The etiology of the disease was next considered. Until within a comparatively late period hysteria in the male had never been mentioned. The causes of hysteria in the female are numerous, and the speaker proposed only to give a few cases having varied causes. In the first case mentioned the illness had existed eleven years. She went on to such a degree that it was proposed to send her to an insane asylum. All the symptoms were aggravated at each approach of menstruation. Sharp retroflexion existed, and prolapse of the right ovary. June 20, 1883, ovaries removed, cystic degeneration existed. Recovery resulted.

In the second case reported, the disease had existed from the beginning of menstruation, and was severe. Tubes and ovaries removed, and were somewhat like last. From that day has been perfectly well.

In case third, girl of seventeen had violent pain for two years, flooding, etc. Operated upon and entirely relieved. Scarcely any normal tissues existed in the removed appendages.

Several other cases were detailed, in which the symptoms and treatment were about the same in principle as those already mentioned. Has operated twenty-five times, with only one death. Four or five were for uterine fibroids, many for excessive hemorrhage, with complete relief. In only one instance did he fail to remove the entire substance of the ovary, and this is the only one which has continued to menstruate. In all cases the appendages were diseased. With two exceptions, he had no reasonable doubt that they will completely recover in time. He did not claim that in all cases of hysteria there is disease of the uterine appendages, but in the cases related, there was no doubt that these conditions had the relationship of cause and effect.

In regard to unsexing the women, all those operated on either never had been pregnant, or had borne no children since the inception of the trouble. He concluded that:

So-called hysterical symptoms occur almost exclusively in women.

Due to disease of some organ or organs peculiar to women.

All mode of treatment, other than operation, has failed to cure or even ameliorate.

Majority operated on have been cured by operation or vastly improved.

Very few diagnosed by the touch alone.

Where other means fail the operation ought to be recommended as it does not diminish sexual desire; and as most of those requiring it are sterile, it does not militate against this operative procedure.

That the mortality from the operation is so small as to amount to almost nothing.

Referred to the Section.

Dr. A. L. Gihon, U. S. N., chairman of the Committee on Monument to Dr. B. Rush, reported that the committee would forthwith proceed to collect money for the purpose of erecting a monument to Dr. Rush, in Washington City. The amount is limited to $1.00 from each physician. He reported that the committee desired Dr. G. H. Rohé, of Baltimore, as Secretary, and Dr. J. M. Toner, of Washington, as Treasurer. Riggs' Bank of Washington to be the depository of the funds. Referred.

Dr. Quinby moved to take the report of the committee in favor of a new section on Medical Jurisprudence from the table.

After some discussion the amendment was adopted.

Dr. LeGrand Atwood, of the Committee of Arrangements, made a report on routine matters. Mr. Chapman invited the association to view his private gallery.

The Directors of the Public Library invited the members to use the privileges of the library.

The Merchant's Exchange invited the members to visit the Exchange.

Several communications were read and referred.

The Association then adjourned to 10 a. m., May 6th.

REPORT OF MEETINGS OF SECTIONS.

Tuesday, 3.00 P. M.

Section on Surgery and Anatomy.

Dr. J. H. Ransohoff, of Cincinnati, reported a case of aortic aneurism, treated by insertion of wire, starting out with the assertion that this subject never fails to arouse the interest of the surgeon ; and, happily for the interest of our art, that he who is thus afflicted needs not, as a rule, longer consider himself an object of scientific interest solely, and can, at least with a fair prospect of a successful issue, rely upon one or the other methods recognized as *radical* in the treatment of this disease.

He also asserts that there are cases of aneurism which are not amenable to ligation or compression, and, notably those of the aorta. Described methods of treatment, including galvano-puncture, distal ligation, and the introduction of foreign material into the sac. It is the latter method which is adopted in this case, which will prove interesting and instructive. He here gives the history of a case of an individual treated at the "Good Samaritan" Hospital, Cincinnati. A man, moderate drinker, always enjoyed good health, free from syphilis, while rowing a boat, evidently contracted aneurism of the aorta.

Here followed a complete and succinct account and diagnosis of the case, indicating a sacculated aneurism of the ascending aorta, with perforation of the chest walls, unattended by atheroma or cardiac hypertrophy.

The treatment employed was restriction of diet, iodide of potash, and hypodermic injections of morphia with apparent benefit. This was dissipated two weeks afterwards by a severe spell of vomiting, during which there was an aggravation of symptoms. During the third and fourth weeks of patients stay in Hospital ergotine was given subcutaneously without benefit. It was at this time that Loreta, of Bologna, reported his favorable case of aneurism of the abdominal aorta, giving a new impetus to Moore's method of treating aneurism. Considering this the only method to be employed, a straight hollow needle, with thumb screw attachment, was pushed into the aneurism from the right side. No technical difficulty ; pain slight, during the introduction of the first four feet of wire ; then serious symptoms appeared, after which reaction came on and the remainder of the wire (96 inches in all) was introduced.

No hemorrhage attended or followed the operation. Ice bags were applied to and over the sac, and opiates given. The patient appeared to improve from day to day for two weeks, when, on July 5, symptoms were aggravated. In the further hope of cure ninety-eight inches more of wire was introduced but on July 13 the patient was found dead in bed. The autopsy showed in the outer and upper third of the sac a firm, laminated clot, of considerable thickness. Throughout the sac of the aneurism, imbedded in firm and recent clots, numerous coils of silver wire were found.

Here follow comments on the case.

1st. Was the operation justifiable?

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2d. To what extent did it imperil patient's life?

3d. Did it offer any prospects of radical cure?

4th. Do the cases hitherto reported, in which this plan has been applied, warrant its repetition?

The author answers:

1st. Yes.

2d. It did to a limited extent.

3d. He thinks it did.

4th. Justified by the literature of the subject.

The author closed with a history of various cases of this character and kind.

Dr. Wm. M. Mastin, of Mobile, Alabama, presented a paper upon Venous Blood-tumors of the cranium, of which further notice will be given.

A paper was read by Dr. Moses Gunn, of Chicago, on "The Value of an Attempt at Enucleation in a Neuroma Which Seems to Demand Resection of the Nerve." The details were given of a case of a very large neuroma affecting the ulnar nerve; resection of the nerve was to be performed. Upon cutting down to the tumor, however, an exploratory incision was made. It was found that it was enveloped by a distinct capsule, nearly half an inch in thickness, which was split and the tumor turned out. Dr. Gunn explained his effort at nerve-grafting in this case, which he resorted to in the second operation on it, in which he resected, and said that at that time he thought he was the originator of the procedure, but had since discovered that an eminent French surgeon had, a few years before, resorted to the same means to re-innervate the parts necessarily paralyzed by the operation. He had taken the distal end of the divided nerve, the ulnar, and grafted it into the median whose sheath he had divided, thus establishing a different route for the transmission of nervous influence. In speaking of the approximation and union of particular sensory and motor nerve fibres after resection of a portion of the trunk, he said it was a result which could not possibly be brought about, and that it was the machinery at either end of the fibre which determiued the kind of influence conveyed by it, and not the fibre itself. Said there was some restoration of the functions of the parts supplied by the ulnar nerve, both motor and sensory influences exhibiting themselves in them.

The paper by Dr. B. A. Watson, of Jersey City, N. J., was entitled "Fibre [or Spindle-celled Sarcomatous Tumors," with the report of a case and presentation of a specimen. The author gave a diagnostic table of sarcoma of the breast and carcinoma. Presented specimen of sarcoma removed from posterior surface of thigh, the upper and posterior part of which tumor was deeply grooved by the great sciatic nerve.

The next paper was read by Dr. E. Andrews, of Chicago, and entitled, "Incision and Drainage of Lumbar Abscess." The paper was discussed by Drs. Hamilton, Geiger, Miller, Ross, Byrd and others.

Section then adjourned.

Wednesday, 3 P. M. A paper was read by Dr. Maclean on Amputation at the Hip-joint for disease of that joint. The idea of the paper was to present the view that in cases of morbus coxarius, in which the femur was extensively involved, amputation at the hip-joint was often preferable, to excision, and left the patient in a better subsequent condition. Discussed by Drs. Dawson and Logan.

Dr. J. McF. Gaston of Atlanta, Georgia, then read a paper on the "Surgical Relations of the Ileo-Cecal Region." No discussion directly followed, but was postponed until after the reading of the next paper, which was similar in its subject.

The committee appointed to report on the paper presented for honors, stated that it was not considered worthy of them, the subject be. ing Ununited Fractures and their treatment.

The section then proceeded to the election of a chairman and secretary for the ensuing year, which, after a wordy dispute as to the manner of balloting and nominating, resulted in the election of Dr. Henry H. Mudd of St-

Louis as Chairman, and Dr. John B. Roberts of Philadelphia as Secretary.

Dr. Henry H. Smith of Philadelphia then read a paper on the "Proper Treatment of Penetrating Wounds of the Abdomen"' which was followed by the formal discussion, conducted by Drs. B. A. Watson of Jersey City, and E. H. Gregory of St. Louis. Dr. Watson who was supported in his remarks by Dr. John B. Hamilton, and Dr. Henry O. Marcy, favored the exploratory incision in penetrating wounds of the abdomen, citing as justification of the procedure the small amount of risk incurred, and the benefit of discovering absolutely the trouble. Dr. Gregory was opposed to the indiscriminate opening of the abdomen now so generally resorted to, and said that he thought it was only because it was easy of execution and brilliant in its report that it was so frequently performed. That he would look upon the symptoms presenting themselves as the pivot-point upon which turned the question of opening or not the abdominal cavity. The Section then adjourned until *two* o'clock to-morrow afternoon, the hour being set at two instead of *three*, on account of the length of the work.

Section of Diseases of Children.

DR. W. D. HAGGARD OF NASHVILLE, CHAIRMAN.

The paper of Dr. Mary H. Thompson, of Chicago, with the title "Why diseases of children should be made a study by themselves" was read, and elicited earnest discussion. It was an interesting and instructive paper.

The attendance was not large and the election of officers occurred at 5.30 o'clock, and we venture to say that its occurrence at this time was a surprise to all. Nominations were spiritless, and as an evidence of the demoralized condition of the section in this direction, the very eminent, able and wellknown Professor Delaskie Miller of Chicago, was beaten for the chairmanship of the section by the handsome,but comparatively unknown Dr. Mary H. Thompson, of Chicago, the gentleman who placed her in nomination, Dr. W. S. Stewart of Philadelphia, not even knowing whether to address her as Miss or Mrs. Thompson, some one kindly coming to his relief and suggesting Dr. Thompson.

We are inclined to believe that the fascinating influence of the handsome lady by the side of Dr. Stewart had much to do in the making of the nomination.

Query. How will the members of this section address the chair?

The very efficient, obliging and courteous secretary, Dr. W. B. Lawrence of Batesville Ark. was re elected.

The chairman, Dr Haggard, shows at each successive meeting additional evidence of his fitness for his present position. The manner in which he draws out the interesting points and encourages the diffident ones is charming.

Section of Ophthalmology, Otology and Laryngology.

The first paper of this afternoon's meeting was one read by Dr. Bishop, of Chicago, on the good effects which perforation of the membrana tympani had had in a large number of cases at his hands. Even in cases of labyrinthine trouble he had succeeded in improving the patients by the use of electricity combined with perforation of the drumhead. The cut he made lay either in the lower anterior quadrant, or even began at the upper anterior quadrant and went through the lower anterior into the lower posterior quadrant of this membrane.

In the animated discussion following the paper a great many of the members took a part, but none of them were able to bring similar experiences before the society.

Dr. Fletcher Ingals, of Chicago, then reported a very interesting case o removal of a

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large pharyngo-laryngeal fibroma. He particularly dwelt upon the value of the wire snare in similar operations.

Dr. Chisholm, of Baltimore, stated that since he had used cat-gut for the similar purpose of removing polyps from the ear, he did not think wire half as useful.

On motion of Dr. Savage, Dr. Chisolm was then requested to make some remarks on iridectomy. He stated that he had got a statement from Dr. Michel, of this city, which had startled him, namely: That he did no longer bandage nor confine patients after iridectomy or extraction had been performed, and that his results were better than before. No statistics were brought on to prove the statements. The discussion brought about some rather severe criticisms on such action, and it seemed to be the feeling of the majority that to let well enough alone was wiser.

Dr. Thompson, of Kansas City, reported a case of exophthalmus with no appreciable cause, although the orbit was under ether examined with probe and syringe.

Dr. Alt then showed to the section Dr. H. Culbertson's Prisoptometer for the detection of ametropia of all kinds. He stated that the few trials he had been able to give the instrument had convinced him of its usefulness, especially with children, and he thought he could recommend it. He further added that the instrument could be bought for $15 without and for $25 with stand of the Geneva Optical Company, Geneva, N. Y.

The doctor then read a paper on some points in the management of trachoma, which was amply and very instructively discussed.

The last paper was read by the President of the section, Dr. Eugene Smith, of Detroit. It referred to the successful transplantation of rabbit's conjunctiva into the conjunctival sac of a patient for the cure of symblepharon.

The discussion was cut short by the lateness of the hour.

Many of the members then examined and discussed the prisoptometer of Dr. Culbertson.

—Dr. J. J. R. Patrick is attending the Kansas State Dental Association.

Card From the American Practitioner and News.

St. Louis, May 5, 1886.

Editors Weekly Medical Review—In the report of the annual address of Dr. Wm. Brodie, President of the American Medical Association, published in the Review this morning, I find the following words: "This charge is due chiefly to the *New York Medical Journal*, and the *American Practitioner*, and it would be well for these journals to change their editorial management, if they wish to retain the patronage of the members." Although the *American Practitioner* has been combined with the *Louisville Medical News* and is now known as the *American Practitioner and News*, the clause of the address referring to change of editorial management and retaining the patronage of members of the Association, cannot but refer to the journal in its present form of *American Practitioner and News*. Therefore, as one of its editors, and having the business interests of the journal in charge for the occasion, I ask, as a matter of right, that you publish this response on our part to the remarkable assault of Dr. Brodie. If the American Medical Association numbers among the profession and the journals of the country none less kindly disposed toward it than the management of our journal, then it is fortunate indeed, in having the absolute friendship of the entire profession of the land. But even if it were not so friendly, but still fair and just, it would not be easy to see why it should be singled out for punishment.

I had cherished the pleasant delusion that the members of the American Medical Association, as indeed all progressive physicians everywhere, selected their professional journals with a view to the thoroughness, freshness and high character of their contents and the literary excellence of their style, and not because they might be found trimming to every passing breeze of opinion.

Notwithstanding the baselessness of the charge referred to, and the question that urgently suggests itself, as to the propriety and dignity of going out of the way to introduce personalities into an address from the exalted position of President of the American Medical Association, intended for the vast audience of American physicians, any disapproval on the part of the Practitioner and News, would have been left to be expressed through its columns. But when the great powers incident to the high office are utilized in suggesting a boycott on account of a respectful difference of opinion, I should feel that I had done less than my duty if I should fail to enter a respectful protest.

In the present sad juncture of affairs there are quarters where suggestions or propositions of

boycotting would not occasion surprise; but I feel doubly safe in saying, that the membership of the American Medical Association cannot fail to regard a suggestion from any source, for it to join in a boycotting enterprise, as not respectful to its sense of honor, and consistent with the dignity of its high character, and not to be for one moment entertained.

D. T. SMITH, M.D.,
of the American Practitioner and News

EXHIBITION HALL.

—At Exhibition hall the display of medicinal and pharmaceutical preparations, surgical instruments and appliances, etc., form an interesting and attractive feature of the Association, and compares favorably with that of former exhibitions. Among the displays are the following:

Wm. R. Warner & Co., who make the sugar coating of pills a leading specialty, have a neat display, among which is their granulated effervescing caffeine and bromide of potassium. Dr. Rob't Kennedy, Jr., is in charge.

Tarrant & Co., New York, make an attractive display of genuiue imported Hoff's Malt Extract, which is sampled to the profession by N. E. Hulbert, their representative.

Messrs. Parke, Davis & Co., Detroit, Mich., have departed from their usual line of exhibits. Their present one is most unique in character, coupling, as they do a series of specialties consisting of hydrastis, and its products, gelatine goods, digestive agents and medicated soaps, with a handsome office for the convenience of visiting physicians. The display is in charge of Dr. W. T. Thackery.

Lambert Pharmacal Company, St. Louis, have a handsome and attractive exhibit of pharmaceutical preparations, including their specialty called "Listerine," an anti-septic, and occupy a conspicuous place, which is the center of attraction. Gentlemanly and well-informed attendants are in charge.

John M. Wiesel, Baltimore, Md., exhibits wine, of coca and kollerin.

Nicholson's Liquid Bread display is a large and attractive feature, and is visited by hosts of physicians who are sampled with Liquid Bread.

Wm. S. Merrell Chemical Co., Cincinnati, occupy a commanding place, and have spared no pains to make their exhibit an interesting feature of the hall. They have a valuable line of pharmaceutical preparations, including resinoids and alkaloids, ethereal oils, fluid and solid extracts, etc.

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Frank Goodman, Louisville, Ky., greets the visitor with samples of concentrated crab orchard water, as you enter the hall.

Wm. B. Bailey, St. Louis, makes an attractive display of surgical instruments and appliances, and attracts the attention of physicians who appreciate such articles.

Chapman, Green & Co., manufacturing chemists, Chicago, have, in addition to their display of chemicals, a full line of fluid extracts, pills, resinoids, powders and solid extracts, oleates, etc., and their original specialties, nitrogenized iron, solution of bismuth and hydrastia, celery and guarana. and Dr. Preston B. Rose's peptonized beef and its combinations.

McKesson & Robbins, New York, display a valuable combination of their specialties, including gelatine-coated pills, cocaine, quinine, oleates, etc., which are admired by visitors. Mr. C. G. Stone is their agent.

The Horlick's Food Company make a large display of Horlick's Food for Infants and Invalids; also of dry malt extract, preparations which are highly endorsed by the medical profession.

Seabury & Johnson, New York, have a tasty and elaborate exhibition of the line of goods this well-known house supplies, which is made especially attractive by the courtesy of Dr. Gunder, who is in charge.

Oldberg-Wall Laboratory, St. Louis, exhibit fluid extracts, elixirs, medicinal wines, etc.

Doliber Goodale & Co., chemists, Boston, Mass., have on exhibition their well-known and valuable products, "Mellin's Food for Infants and Invalids." Messrs. T. J. Delano, Jr., and J. W. Cox, gentlemanly attendants, will be found in charge of their tasty exhibit.

Chas. H. Phillips' Chemical Company, New York represented by Dr. Dickinson and a corps of able assistants, as usual, attract the attention of all visitors who have an opportunity of sampling their digestible cocoa and other medicinal preparations manufactured by them.

J. P. Bush Manufacturing Co., Chicago, have Bush's Fluid Food, or Bovinine, on exhibition, a preparation in general use. The display is very attractive.

John Wyeth & Bro., Phila., have a choice display of their fluid extracts, etc., and visitors are entertained by Mr. Ross, their representative.

Mallinckrodt Chemical Works, St. Louis, afford a splendid opportunity to visitors to inspect a full line of their valuable preparations, which are large and varied, and are in keeping with the reputation of that house.

Schifflin & Co., N. Y., display some of their specialties. These are some of the many elaborate and valuable displays on exhibition, all of which are not only interesting, but display taste and skill in arrangement, and will prove interesting to physicians who may make a tour of inspection through exhibition hall.

Beautiful samples of Japan paper towels are being distributed in the Exhibit Hall, by Messrs. Cornell & Shelton, of Birmingham, Ct. They make most excellent substitute for sponges, and are every way more desirable.

Dr. Daggett's physician's desk and table is a novel and useful thing, that all visitors should look at in the exhibit. It combines not alone all the conveniences of a model office desk, but also those of an examining and operating table, and is of no complicated mechanism. Examine it and get a circular.

Physicians who desire KOUMISS, will be sure to find a fresh and palatable article at L. M. Findley's, 2926 Franklin Ave., St. Louis, this gentleman being the sole manufacturer in the city.

W. J. Russell, 1514 Olive Street, is the general agent of the Columbus Buggy Co., of Columbus, Ohio, who make a specialty of physicians' buggies. Give him a call before you leave.

The success of the New York Post Graduate School and Hospital is evidenced by the fact that it is entering upon its fourth year. For further imformation consult our advertising pages.

P. Blakiston & Co., 1012 Walnut Street, Phila., the well-known book publishers announce a number of new books just published by them. It is a well-known fact that everything they print is good.

Nearly every one is acquainted with Ridge's Food which has been before the public for about thirty years. It has been quite successfully advertised and seems to be very favorably considered by a number of physicians.

Mineral Waters of the highest grade of quality are manufactured by Enno Sander, of 129 S. 11th St., being made as nearly as possible to the composition of the natural springs as can be done.

The Artificial Limb Manufacturing Co., of St. Louis, located at 511 Pine St., is furnishing a very good article in this line.

"Put it on your list" to get a vest pocket memorandum book at Mellin's Food Exhibit.

A. S. Aloe & Co. are furnishing a splendid exhibit of surgical instruments at the meeting of the American Medical Association, in conjunction with Geo. Tiemann & Co., of New York, a full line of whose instruments they carry.

The Fluid Hydrastis, Sulphate of Hydrastia and Sol. of Bismuth and Hydrastia of Lehn & Fink, of 128 William St., N. Y., are so well known that comment is unnecessary.

Hance Brothers & White, of Philadelphia, are manufacturinga phenate of soda which they have called Phenol Sodique, which is meeting with deserved success as a disinfectant.

The St. Louis Medical and Surgical Journal is the best monthly in the Mississippi Valley. Its editors are Dr. F. L. James and A. H. Ohmann-Dumesnil. Subscription price, $2.00 per annum. Address Dr. F. M. Rumbold, business manager, 2622 Washington Ave.

The Philadelphia Polyclinic and College for Graduates in Medicine is one of those institutions whose demand has been lately felt by practitioners to brush up on special branches. It is an excellent institution and deserving of patronage.

Ominico, made by S. W. Neur & Co., of 10 Cedar Street, N. Y., is a thoroughly effective disinfectant for wounds, ulcers, abscesses and other troubles needing a mildly astringent, sedative and antiseptic remedy.

Bromidia is almost a household word with physicians now, as the hypnotic par excellence. Battle & Co., of St. Louis are well-known in connection with this preparation.

The St. Louis Post-Graduate School of Medicine and Polyclinic of St. Louis is the only institution of its kind in the West, and practitioners in the neighborhood who intend attending such a school should bear this in mind.

—Some pharmaceutical replies.—What is ergot? A species of rye over which a streak of lightning has passed.

—What is calomel? The alkaloid of mercury.

—A request. "I want to get my son through your examination if possible, but if he is not smart enough for that, then I shall send him to a medical college and make a doctor of him." (*Pharmaceutical Record.*)

—W. C. Barrett M. D., D. D. S., Editor of the Independent Practitioner, Buffalo, spent Saturday in the city and left in the evening for Topeka, Kansas, to attend the Kansas State Dental Association.

THE WEEKLY MEDICAL REVIEW.

(~~DAILY~~ EDITION.)

ST. LOUIS, FRIDAY, MAY 7, 1886.

BOSTON MEDICAL LIBRARY ASS'N.

THE PRESIDENT.

We are glad that the gentleman who was urged yesterday morning by the REVIEW for the position of President of the Association was unanimously elected. Dr. Gregory was recently President of the State Medical Society, and is the President of the St. Louis Medical Society, and this additional and crowning honor is worthily borne by him.

We pledge him and the Association in advance our full support for a good meeting at Chicago in June of 1887. And then *en avent* to the Congress in September.

THE DELEGATION FROM PHILADELPHIA.

The Philadelphia struggle is over. Both parties are, or ought to be, satisfied. The council of American Medical Association has acted judiciously in referring the disputed matters back to the County Society, and from there they may be brought before the State Society. We prophesy that in twelve months this matter will be well settled.

COMPLIMENTARY.

It is a compliment to St. Louis and to the St Louis Medical College that Dr. Gregory was elected President of the American Association, and that Dr. Mudd, of the St. Louis Medical College, was made Chairman of the Surgical Section. It is only a few years since that the lamented Dr. John T. Hodgen, from the same college, was the Association President.

CORRECTION.

In our issue of the sixth it is said that the *St. Louis Medical and Surgical Journal* is the best MONTHLY medical journal in the Mississippi Valley. In this statement of course, the exceptions should be made of the *Annals of Surgery* and *Courier of Medicine*, the former of which (the *Annals*) is the only journal published in the English Language devoted exclusively to surgery. The latter, (the *Courier*) is the best medical monthly journal published anywhere.

AMERICAN MEDICAL ASSOCIATION.

Thirty-Seventh Annual Session held at St. Louis, Exposition Building, May 4th, 5th, 6th and 7th, 1886.

THIRD DAY, MAY 6TH.—MORNING SESSION.

The Association was called to order at 10:20 A. M. by the President. Rev. R. G. Brank, D. D., offering prayer.

The chairman of the committee of arrangements made a report. The Missouri School for the Blind sent an invitation, through the Superintendent, to the Association.

The committee on nominations then made the following report:

President—E. H. Gregory, St. Louis.

First Vice-President—B. H. Miller, Stillwater, Minnesota.

Second Vice-President—W. B. Welch, Arkansas.

Third Vice-President—W. H. Pancoast, Philadelphia.

Fourth Vice-President—W. C. Wile, Connecticut.

Permanent Secretary—W. B. Atkinson, Philadelphia.

Assistant Secretary—J. Nevins Hyde, Chicago.

Treasurer—Rich. Dunglison, Philadelphia.

Librarian.—C. H. A. Kleinschmidt, Washington.

Next place of meeting, Chicago, Illinois—First Tuesday in June, 1887.

The committees on necrology, state medicine, members of judicial council were announced. The trustees of the Journal are P. O. Hooper, of Arkansas, A. Garcelon, of Maine, and L. S. McMurtry, of Kentucky.

OFFICERS OF THE SECTIONS.

Practice of Medicine—Chairman, J. S. Lynch, Secretary, J. B. Mervin.

Obstetrics and Diseases of Women.—Chairman, F. M. Johnson, Kansas City. Secretary, W. W. Jaggard, Chicago.

Surgery and Anatomy.—Chairman, H. H. Mudd, of St. Louis. Secretary, Jno. P. Roberts, of Philadelphia.

Ophthalmology, Otology and Laryngology.—Chairman F. X. Scott, Secretary, J. H. Thompson.

Diseases of Children. Chairman, DeLaskie Miller, Chicago. Secretary, W. B. Lawrence, Batesville, Ark.

Oral and Dental Surgery.—Chairman, J. S. Marshall, Chicago. Secretary, E. S. Talbot, Chicago.

State Medicine.—Chairman, G. H. Rohé, Baltimore. Secretary, W. Wyman, U.S.M.H.S.

Committee on Necrology.—Chairman, J. M. Toner, Washington, D. C.

Dr. A. L. Gihon read the report of the committee on the recommendations in the President's Address; committee is in favor of memorializing Congress to send three medical men to inquire into yellow fever. Not agreed as to the proposed recession from the metric system. Approve of making a section on dermatology and syphilis, and approve the action which has been taken in creating the section in medical jurisprudence; also that sections should elect their own officers and endorse the President's opinion that papers belong to the Association. The committee says that no members should be permitted to give recommendations to proprietary medicines or instruments, and that the judicial council should take up the matter without formal presentation of charges. Earnestly reecho the wish of the President to make the meeting of the International Congress a success by burying their private piques and quarrels and sacrificing all that may be in the way.

On motion the report was adopted.

The Report of the the Standing Committee on Meteorological Conditions and their Relations to the Prevalence of Diseases, also concerning the Subject of Collective Investigation of Disease, in Co-operation with the Committee of the British Medical Association was made by N. S. Davis, Illinois, Chairman.

Progress was reported and as far as practicable work has been done, but on account of the apparent tendency of cholera to spread over Europe to this country it has been deemed best to delay some time until the next meeting. In regard to the collective Investigation of Disease the committee has distributed a large number of blanks to be returned on or before the 1st of January, 1887, when it will be tabulated for the next meeting of the Association of the International Congress. Adopted.

Dr. J. M. KELLER, of Hot Springs made a report of the special committee on Cremation. So much attention has been devoted to this subject in the favor of cremation that the committee has but little to say. Committee believes earth burial has a greater influence in disseminating disease than all of man's ingenuity could otherwise devise. The body in every phase of its decay is dangerous and burial merely hides from the view sources of danger which are being taken into the air and alimentary passages of living persons. He spoke of the micro-organisms which are brought to the surface by earth worms, and the fact was mentioned that the earth of cemeteries teems with noxious organisms. The graveyard must be abandoned, and the problem has arisen as to how the dead must be disposed of for the safety of the living. Embalming and mummifying are repulsive, and modern cremation alone is effective and the quickest, simplest, safest and cheapest. It accomplishes in a few moments what putrefaction may never accomplish. The report concluded with a resolution recommending cremation. On motion the report was adopted. This was reconsidered and the report referred to the Section on State Medicine to report on Friday.

DR. JAS. T. WHITTAKER, of Ohio, Chairman of the Section on Practice of Medicine made his address in which he said that there are three periods in medicine; the first being the observation of symptoms, the second that of the effects of disease, and the third the investigation of the causes of disease.

The past year has been one noted in this last, and has largely contributed to this the third and higher plane of medicine. The reader referred pretty extensively to the pathogenic microorganisms, and the work that had been done in bacteriology during the past few years.

The speaker went into greater or less detail

as to the noxious qualities of certain bacilli involved in attenuation or transformation and substitution. In this he referred to the experiments of Pasteur and Koch, principally.

Referred to Section in Practice of Medicine.

Dr. Jno. S. Rauch, of Chicago, Chairman of the Section on State Medicine, read his address which began with the definitions of state medicine given by various authors, and in the consideration of this the speaker could not see how the prevention and the cure of disease could well be separated. The speaker concluded that state medicine may therefore be defined as the "connection of State with that branch of science which relates to the prevention, cure or alleviation of the diseases of the human body," the latter part of the definitions being that which Webster applies to medicine. The State regulation of medical practice and of medical education were next considered, and the speaker insisted upon the necessity of elevating the standard of medical education. The Association was requested to place itself upon record as being in favor of a term of study of four years, three of which are to be in a college with ample hospital practice and clinical instruction.

The advances and discoveries in preventive medicine were next considered. The registration of vital statistics is still in an imperfect condition. Four more State Boards have been established in 1885-86, there being now thirty such organizations. The work of the American Public Health Association was highly commended, and its additions to sanitary science rated of the highest value. The German Cholera Conference was also alluded to, as also the International Congress of Hygiene.

The next subject considered was that of the cholera in Europe, and in conclusion the speaker spoke of the necessity of controlling immigration. He then took up the subject of advances in the prevention of disease, and stated, among other things, that the etiology of some common diseases such as diarrhea and diphtheria is still obscure, and consequently the preventive measures adopted have not been as efficient as they might have been.

In speaking of vaccination, the writer upheld the superiority of the humanized virus not too far removed over bovine in cases demanding promptness and certainty of action, concluding with the proofs of this cited in recent reports of the Illinois State Board of Health.

Referred to Section on State Medicine.

Dr. Garnett, of Washington moved a resolution that all the members urge upon their representatives to have Congress help to entertain the next International Congress.

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The treasurer's report was read by the secretary. Balance, $378.39.

Each report shows an annual increase in the dues, due to the establishment of the *Journal.*

Dr. Dunglison very rightfully claimed a share of the credit in this success, his exertions having brought about a regular payment of dues. When the triennial list is published in 1887 it will be found that those whose names are erased will be such as paid last before the establishment of the *Journal.* The important fact of being in the publication business necessitated the prompt payment, and to meet in populous and accessible cities, where large accessions in membership occur. The amount of correspondence is enormous.

Referred to Committee on Publication.

The report of the Librarian stated that the increase was 232 distinct titles during last year. The total of titles is 2491 or 7030 volumes, 300 of which are unbound. An appropriation of $10 was asked for subscription to the *Index Medicus.* Adopted.

The report of the Committee on Publication was laid over until next day.

An amendment creating a Section on Dermatology and Syphilis was laid over, under the rules.

The Association then adjourned.

REPORT OF MEETINGS OF SECTIONS.

Section of Practice of Medicine, Materia Medica and Physiology.

Wednesday, May 5th.

The papers on "Nitrate of Silver in Catarhal Jaundice," by Wm. Pepper, and "On the Treatment of Felon Without Incision," by L. Duncan Bulkley, New York, N. Y., were not read before the Section. A full abstract of the very excellent paper read by S. S. Laws, Columbia, Mo., on "The Life and

Labors of Louis Pasteur," and that of Philip Zenner on "The Diagnostic Value of the Knee-Phenomena, or the Patellar Tendon Reflex in Diseases of the Nervous System," will occur in our columns at a later date. Volunteer papers were read by J. W. McLaughlin of Austin, Texas, entitled, "The cause of Dengue Fever," and by S. S. Todd, Kansas City, on "Treatment of Cholera," which will appear later on.

A paper on "Potassium Chloride," was read by A. J. Pattee, M. D., Boston, Mass. Nothnagel and Rossbach, in their treatise on Materia Medica, say that therapeutically potassium chloride is not used. No mention of its use is in the United States Dispensatory. Sanders recommended its use in epilepsy in place of the potassium bromide. Opinions vary as to its use in that disease, but it has its place. Potassium chloride closely resembles common salt in appearance. Formerly it was generally considered that the corresponding salts of potassium and sodium had the same physiological and therapeutical action upon the animal body; and that it was a matter of indifference which salt was used. Important and well-defined distinctions do exist in the two salts. The potassium chloride in the body is found in the tissues, cells and blood corpuscles, while in the fluids (the serum of the blood, lymph and bile) we find almost exclusively sodium chloride. Arterial blood mixed with a dilute solution of potassium chloride becomes brighter than that mixed with a solution of sodium chloride. Potassium chloride in twenty-grain doses instead of sodium chloride three times a day after meals causes an increase in the muscular tissues and red blood corpuscles. Had used potassium chloride in many cases of anemia after other remedies had failed. In cirrhosis of the liver in commencing stage due to alcoholic excesses it has been found useful. Exudations after inflammation with effusion of lymph, particularly pelvic cellulitis, have quickly disappeared under its use.

In glandular enlargement it is also found to be useful. In stomatitis of pregnant women or from mercury it is equal in effect to the chlorate. In ovarian neuralgia and menstrual headache accompanied with wakefulness, this salt has given better results than the bromide or ammonium chloride. When combined with corrosive sublimate it is one of the best preparations for syphilis in use. The tinctura ferri chloridi is much improved in its therapeutic action when given with potassium chloride.

The next paper was on Clinical Aspects of Renal Cancer, by John A. Octerlony.

This paper elicited warm applause. The writer referred to the great variety of the disease, stating that Roberts had only encountered four cases in his experience. The great difficulty in diagnosing renal cancer was dwelt upon and the varying character of the clinical history, showing little similarity in any two given cases. Pain was not constant. Hematuria was perhaps present in a greater number of cases than any other given symptom.

Etiology.—It may be congenital from the reports given of one or two cases in which the disease occurred in children about twelve or thirteen months of age. Calculus had also been associated as a cause, and from its irritation was most probably an exciting cause.

The doctor pointed to the possible complication with floating kidney. External violence was a cause. It was apparently so in one of his own cases. Great variation exists in the time of development. Heredity was *barely possible* as a cause, inasmuch as only a single case could be found in which it was likely.

The disease predominates largely in males. Renal cancer may end fatally, without giving evidence of renal disease or without the slightest appreciable tumor.

Hematuria may be so profuse as to endanger life, or so slight as to require the microscope to detect it.

The tumors sometimes reach huge proportions, Roberts having reported a case in which the tumor weighed twenty-five pounds. In the author's experience the temperature was constantly more or less elevated, although cases occur in which the temperature was below normal.

Anemia is extreme, the patient dying from asthenia as a rule. The pressure upon the ileum sometimes produced constant nausea, but vomiting was exceedingly rare. Ascites was a very rare complication, but it did occur and was present in one of his cases.

Peritonitis was also recognized by some observers.

The diagnosis, for apparent reasons, was often impossible before death. The differential diagnosis between cancer of stomach, tumors of the spleen etc. was noticed.

The *treatment*, so far as therapeutics go, is essentially palliative; but surgery had achieved some brilliant, if not permanent, victories in this rare and interesting disease.

THURSDAY, MAY 6TH.

"Pneumatic Differentiation, with Demonstrations with the Pneumatic Cabinet" was a paper presented by Herbert F. Williams, of New York.

After explaining the construction of the cabinet, the writer proceeded to state that in liew of the present theory of the Koch-bacillus as the cause of phthisis, the desirability of local treatment was apparent to all. Notwithstanding the scepticism of many as to the possibility of carrying medication into the air cells, he proposed to show that it could not only be carried thither but could be condensed there. The lungs of a calf were used to illustrate the proposition, and while the material used could not be distinctly seen in the alveoli, it was plainly apparent in the very minute bronchial tubes. It was indeed the ONLY means by which this could be accomplished. The cold and somewhat stiffened condition of the lung tissue would account for the failure to force it into the cells. The surgeons had already demonstrated the wonderful tolerance of the serous cavities for the various antiseptic solutions. There is nothing in lung tissue to prohibit the use of these antiseptics, so far as known. While it was still uncertain as to whether Koch's bacillus was the cause, or a concomitant of phthisis, did not effect the desirabilty of local antiseptics. At no distant day, he confidently

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hoped to sterilize the lung tissue against the invasion of micro-organisms.

The character and degree of force was matter for the most careful consideration.

Results sustain the first favorable reports given of the cabinet, and these come from competent observers in all sections of the country, showing that climatic influences could not account for improvement reported.

The value of the cabinet is in clearing up the diagnosis in many forms of pulmonary disease. In the recovery of pneumonia, it is often the case that patient dies from the sheer lack of ability to force pure air into the occluded cells; in such cases the cabinet is a means of saving life.

In ignorant or careless hands it is capable of deadly effect; but its greatest danger is in hands of the routinist. In order to keep this in the hands of strictly upright men and keep the quacks from preying upon the hopes and credulities of the consumptives, an advisory board has been formed with a proper man in the various medical centers, who will be empowered to accept or reject applications made for the instrument.

An epitome of cases, sent in by various physicians using the cabinet, showed favorable results.

In the contraction of tissue, from pleuritic effusion and phthisis, were its most brilliant fields of operation.

The paper was ably discussed by Dr. Ingalls of Chicago, Mulhall of St. Louis, and McCaskins of Indiana, as well as two other gentlemen whose names we could not learn.

SECTION ON OBSTETRICS AND DISEASES OF WOMEN.

Wednesday, May 5th. A discussion on the paper of Dr. Potter ensued. Dr. L. H.

Dunning, Indiana, endorsed the views of the author and stated that the instrument is falling into comparative disuse among the more careful; no instrument should be introduced into the uterine cavity except in case of necessity; and further, that when so introduced, it should be manipulated with the utmost care and gentleness.

Dr. Hulbert, St. Louis, considered the use of the sound and similar instruments simply a matter of judgment. Dr. Reid, Ohio, thought the paper too extreme in its warnings. Dr. Miller, Ohio, stated that the dangers were overdrawn; that old inflammatory conditions were present in those cases where acute symptoms develop after the use of the sound, and other manipulations would arouse the same trouble.

Dr. Marcy's paper on Perineal Lesions and their Repair was then discussed by Dr. Gehrung, St. Louis, Wathen, Louisville. Dr. Marcy closed the discussion favoring his pin-method of repair.

Dr. F. H. Marten, Chicago, then read a paper on "Electrolysis in Gynecology." Dr. Van de Warker, New York, reported negative results with electrolysis. In one case of fibroids an abscess developed. Dr. Newmann, New York, depreciated the reckless use of electricity. Dr. Hulbert approved of the paper in its main points; the dose should be measured. He used the current in acute and chronic inflammations; reported a case of pelvic abscess, in which six applications caused the induration to disappear. Dr. Engelmann, St. Louis, detailed his practice. Minutes and not hours should be the time of application. Detailed a case of fibroids treated at his clinic with powerful currents with a rapid and happy result.

Dr. E. Gustave Zinke, Cincinnati, read a paper of "Puerperal Fever and the Early Employment of Antiseptic Vaginal Irrigations" of which an abstract will be published later.

Thereupon the section proceeded to elect its officers. Dr. F. N. Johnson, Kansas City, was chosen president; Dr. W. W. Jaggard, Chicago, secretary.

Section Diseases of Children.

DR. W. D. HAGGARD, NASHVILLE, TENN.

Discussion was mainly devoted to prophylactic measures against disease and participated in by Dr. Lewis, of Chicago, Dr. Alleyne, of St. Louis and Dr. Jones, of Danville, Ill. Dr. Mary Thompson, of Chicago, who was yesterday elected chaiman (?) of the section, gave evidence of her good judgment and fine womanly taste in declining the honor. Dr. DeLaskie Miller, of Chicago, was elected to the vacancy by acclamation.

This action was certainly in the direction of the best good to the section.

Dr. Stewart, of Philadelphia, took exceptions to the following in yesterdays report of the Review.

"We are inclined to believe that the fascinating influence of the handsome lady by the side of Dr. Stewart had much to do in the making of the nomination" (by Dr. S.)

We desire to say that in the hurry of making the report we did not state that the handsome lady aforesaid was the doctor's wife as we should have done.

We certainly think the statement, that Dr. Stewart was influenced by the fascination of his wife, was no discourtesy. If it was we herewith offer a full apology.

Our object in making the report was to show up the absurd, hasty and inconsiderate action of the Section in electing an officer of ability and all the best qualities that go to make up a noble physician, but who, according to the present law governing the American Medical Association, is ineligible, and whose election at this time, even though legal, would have been premature and harmful to the section.

Section on Surgery and Anatomy.

Thursday, May 6.—Dr. R. N. Harvey Reid, Mansfield, Ohio, read a paper on "Some of the Complications in Strangulated Hernia." Discussion postponed until after the reading of the next paper. Dr. Henry O. Marcy, of Boston, then read a paper on "Hernia, and

the Best Methods of Cure," which was discussed by Drs. Quimby, Smith and Marcy. Dr. Marcy stated that in the radical operation for hernia he removed, in nearly all his cases, the sac, and closely united the edges of the opening by tendon suture, sewing over and over. Presented to the Section some specimens of tendon which he used in suturing, prepared from the tail of a kangaroo, and which he considered preferable to all others.

Dr. Charles A. Todd, of St. Louis, then read a paper: "How the Iliac Arteries Act as Valves Upon the Venous Flow Into the Inferior Vena Cava." In this paper the author stated the absence of valves in many of the cranial and thoracic veins was of little importance, but that he thought the arrangement of the inferior vena cava required one, and that the purpose of a valve in that situation was performed by the iliac arteries, which was placed in such a position relative to the vein, that when they expanded with the onflow of blood they compressed the vein to a considerable extent, thus supporting the column of blood above and equalizing its flow.

Dr. J. M. Barton, of Philadelphia, read a paper on "Vertical Extension in Fractures of the Femur in Children," in which he strongly advocated extension from above with the thigh flexed on the trunk, and small lateral splints. Discussed by Drs. Graham, Griffith and Link. Dr. Link thought that the best treatment of fracture of the femur was to flex the leg on thigh, the thigh on the abdomen, and rotate thigh outward, when perfect relaxation of all the muscles was produced.

A case of surgical interest was presented to the Section, and a committee appointed to examine it and report. The committee, after the examination, reported that it was a case in which what is known as "rider's bone," that is, ossification of the tendon of the adductor longus muscle, was broken by the rider being thrown forward forcibly upon the pommel of the saddle.

Interesting papers were read by Dr. Wm. T. Belfield, of Chicago, on "Digital Exploration of the Bladder;" by Dr. Robert Newman, of New York, on "Galvano Caustic in Diseases of Prostate and Bladder and Urethra," with presentation of an instrument of his own for the purpose, and a paper by Dr. E. E. Glover, of Terre Haute, on "The Treatment of Anal Fistula Associated with Phthisis."

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SECTION OF ORAL AND DENTAL SURGERY.

Wednesday, May 5.

The first paper read was by Dr. John S. Marshall, Chairman of the Section. A Superior Right Wisdom Tooth Discharged from the Nasal Passages; with remarks. The patient suffered intensely from what she supposed to be a severe cold in the head. Attacks of facial neuralgia and otalgia had been so frequent during the past ten years, that she had become quite disheartened. The right nostril became slightly swollen and completely obstructed. The patient made an unusually great effort to relieve the nostrils and felt something fall upon her tongue which, proved to be a large right superior wisdom tooth covered with fetid pus, which, being washed, showed the tooth covered with brown roughened calculus. The patient had been troubled about twenty-five years before by a swelling of this jaw, which passed away. After the discharge of the tooth all symptoms of catarrh disappeared. The patient was 62 years of age. The doctor also gave a history of a case, supposed to be bronchitis, that proved to be caused by an impacted wisdom tooth, which, being extracted, relieved the trouble.

Dr. Taft being called upon to give his thoughts regarding throat troubles produced by impacted or encysted wisdom teeth,gave it as his opinion that such teeth were frequently the cause of throat troubles. The subject was discussed by Drs. Crawford, Morrison,

Keith and Jocelyn. Dr. John S. Marshall was nominated as chairman of the Section for the ensuing year, and Dr. E. S. Talbot, Secretary.

Transplantation of Teeth, by Dr. W. N. Morrison, was read, being the history of the transplanting of a right lower canine from its socket to that of the superior left central incisor,the tooth being contoured with platinum gold to make it resemble the shape of an incisor, thus relieving the patient from the necessity of wearing an artificial denture.

The subject was discussed by Drs. Talbot, Taft, Allport.

In the Tuesday report Dr. Talbot was reported as holding the view that pyorrhea was a local disease and would yield to local treatment, but he regards the disease as being systemic and refusing both local and general treatment.

Thursday, May 6.—"The Relation of Syphilis to Dental and Oral Surgery," by Prof. G. F. Lydston, of Chicago. He stated that the time had long since passed, when an apology was due for bringing a subject of general surgery before a convention of dental and oral surgeons. Dental and oral surgery has of late years come to be recognized as a specialty of general surgery, and most justly so. The progressive dentist of to-day is earnestly striving to attain all the qualifications necessary to the true specialist who has been so aptly described as a practitioner "who knows something of everything and everything of something." The doctor of dental surgery of the present day is likely to be, and the progressive dentist of the future must be a pretty fair doctor of medicine. There is, perhaps, no general disease which figures as a more important factor in dental and oral practice than syphilis. The oral symptoms of the disease are, nowadays, the most important of all the local manifestations which characterize its active period. The patient who would go through a course of syphilis with a minimum of suffering, will place himself in the hands of his dentist, to have the tartar removed, cavities filled, and sharp, rough surfaces removed to prevent irritation of the tongue and mucous membrane. With the teeth or gums in bad condition the patient is usually so intolerant of mercury that he can not take a sufficient quantity to benefit his syphilis. He cautioned against carelessness in the use of partially cleaned instruments ; so widely disseminated is syphilis that one cannot be too careful. A lesion so small as to escape notice may give rise to a highly contagious secretion. Carbolic acid, full strength, was recommended as the best disinfectant to destry the secretion on the instruments, both before and after using. The extreme cases described by Hutchinson are not fair criteria of the effects of syphilis upon the teeth as seen in dental practice; lesions severe enough to cause such markings will end the life of the child before it is one year of age.

Tha primary lesion of acquired syphilis very rarely occurs within the mouth, therefore the dentists will seldom meet with them. The oral symptoms of the secondary or active period of acquired syphilis are of vital importance to the dental surgeon by virtue of (1) their contagiousness; (2) their liability to be mistaken for innocuous lesions; (3) the prolonged period during which they are apt to be developed, at any time and often without the patient's knowledge; (4) the necessity for nearly all syphilitics to consult their dentist sooner or latter during the active period of syphilis .

The lesions are: (1) Excoriations or erosions and fissures; (2) mucous patches and tubercles; (3) early ulcerations; (4) late ulcerations superficial or deep; (5) early and late bone and periosteal lesions. The paper was discussed by Drs. Taft, Williams, Allport and Haines.

A vote of thanks was extended to the doctor for his able paper.

—The average druggist with good bottle washing ability, when turned out of the College of Pharmacy fancies himself a doctor with all that the term implies, capable of coping with almost any disease, not realizing that it is his business to sell doctor's implements, and not his business to "rush in where angels fear to tread" and apply them promiscuously.

St. Louis, May 6th, 1886.

Editors Weekly Medical Review. In the card written by me in regard to the remarks of Dr. Brodie in his inaugural address, and published this morning, I find many expressions that on reflection I find should not have been used, and regret having made them.

I wrote the article in haste, and under a warmth of feeling that misled me. I therefore desire to withdraw every expression that reflects disrespectfully in any way upon Dr. Brodie and only to enter an earnest disapproval of his remarks in regard to the policy or the effects of the policy of the American Practitioner and News.

D. T. Smith, M. D.

[The card of Dr, Smith in yesterday's issue was published without a reading on our part and a misapprehension of the facts and feelings involved. Editor.]

—Homer Judd, M.D., D. D. S., of Illinois State Board of Dental Examiners visited the Convention.

—Important from Hot Springs.—A friend of ours went to the Springs for change and rest. The waiters got his change, and the hotels the rest.

—Dr. Carver prefers plugging glass balls with lead to plugging teeth with gold.

—Dr. W. B. Outten, of St. Louis, the king-pin of the railway surgeons, beams with good nature, and wants all to visit his pride and jewel, the Missouri Pacific Railway Hospital, at California and Lafayette Aves.

—We acknowledge the pleasant call at our sanctum of Dr. J. Deering Roberts, of the "Southern Practitioner", and Dr. W. D. Haggard, Chairman of the Section on Diseases of Children, both from Nashville, Tenn., and of Dr. Thomas Summers, of the "Florida Medical and Surgical Journal." Now, that we have met, our hopes are that our paths may cross again.

—Dr. C. Hill, Pine Island, Minn., and Dr. John Flood, Mantonville, Minn,, also paid their respects to the Review, and express their appreciation. Dr. Flood has been a subscriber to the Review since its inception. Thanks!

—We had the pleasure of meeting Dr. B. A. Watson, of Jersey City, the author of a fine monogram upon Amputations.. We find the doctor an agreeable and pleasant gentleman. He announces that he has a work on "Railway Shock to the Spine." in preparation. This is valuable.

—Dr. Linck, of Indianapolis, surgeon to the I. and St. L. and Pennsylvania Central R. R., is among us as a delegate. The doctor is prominent in his line, independent in thought, and progressive in action.

—Among the delegates from Texas we find Dr. C. J. Barts, consulting surgeon to the Fort Worth Hospital, Missouri Pacific Railway. The doctors' geniality and ability have made him known beyond the bounds of Texas. He is a good worker.

—Dr. G. Holland, assistant chief surgeon Missouri Pacific Railway, is a delegate to the A. M. A. He is widely known in the far West as a fine surgeon, and thoroughly en rapport with all progressive work.

—Dr. H. A. Morehouse, of Danville, Ills., we see in attendance at the Convention. He is in charge of the W., St. L. and P. Hospital at his city. Antiseptic surgery is his favorite theme and the success in its application has made his hospital popular in Illinois and Indiana.

—Dr. N. M. Baskett, local surgeon of the Missouri Pacific Railway and W. St. L. and P. R'y, at Moberly, Mo,, is around the corridors in his usual good vein.

—Dr. Brooks, of Carthage, local surgeon Missouri Pacific Railway, is looking up his many friends. You should try to meet him.

—Among the delegates is Dr. Higgins, of Peru, who has the hospital of W. St. L. and P. Railway at that point under his conscientious care.

—Emil A. Becker, the indefatigable postmaster of the American Medical Association, says he can feel the pulses of a thousand delegates a day, and never accelerate his own in the least degree.

—Dr. Amos Sawyer (*Weekly Medical Review*) maintains the following dogma: "Craniotomy is legalized murder, and nothing less, and with our present surgical knowledge in the country is unnecessary and uncalled for." He believes the Pope should be obeyed. (*American Lancet.*)

—Dr. Philip Zenner, of Cincinnati, is here making acquaintance of the neurologists from all over the country.

—Dr. N. S. Davis, is looking remarkably well now in spite of his recent illness. May he continue for many more years to aid the officers of the Association with his prudent counsels.

—Dr. Willis P. King, of Sedalia, has visited our sanctum. We would be glad to keep him at hand continually. We should then never be at a loss for a good note.

EXHIBITION HALL.

—At Exhibition hall the display of medicinal and pharmaceutical preparations, surgical instruments and appliances, etc., form an interesting and attractive feature of the Association, and compares favorably with that of former exhibitions. Among the displays are the following:

—A new adjustable head-rest is exhibited by Henry Miller, of 1132 Washington Ave. It is simple, practical and efficient.

—The Archer Manufacturing Co., of Rochester, N. Y., has on exhibition its well known gynecological and oculist chairs.

—The Trommer Extract of Malt has on exhibition its extract without hops, which is especially adapted to infants and children.

—Arthur Peter & Co., of Louisville, Ky., have their syrupus roborans on exhibition for the benefit of the visiting delegates.

—Scott and Bowne did not have an opportunity of showing their emulsions of cod-liver oil, their goods having been delayed by the strike. It is a good article, however.

—Imperial granum is still holding its own as a food for the sick and is receiving commendations on all sides.

—Nichols & Co's Elixir of Peruvian bark, with Protoxide of Iron is fast coming into favor with the profession. Billings, Clapp & Co., of Boston, manufacture it.

—J. H. Vail and Co , the well known successors to the retail department of Wm. Wood & Co., have quite a large number of new and interesting medical works just issued.

—Messrs. Hernstein and Prince, of 317 N. 4th, have a very complete and tasteful display of surgical instruments of the latest pattern, and are always pleased to show their goods.

—Dr. Jerome Kidder's electro-medical apparatus are acknowledged to occupy a high standard in the estimation of those physicians who have used them.

—A. C. McClurg & Co., of Chicago, has just issued the Principles of Medicine, by Dr. N. S. Davis. Every member of the Association should subscribe for a copy.

—"Alone to be recommended" is what Prof. Wm.O. Leube says of Nestlé's Milk Food, in Ziemsen's Cyclopedia. Thos. Leeming & Co., of New York, are handling it, and daily give samples in Exhibition Hall.

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—Hall & Ruckel's hollow suppositories are a desideratum that has long been felt and, being made of pure cocoa butter, are very efficient and easily dissolved.

—The Peacock Chemical Co., of St. Louis has enlisted the good opinion of the profession in favor of its bromides and Fucus Marina.

—Rio Chemical Co., St. Louis, make an attractive display of their specialties, Celerina, Aletris Cordial, Pinus Canadensis and Acid Mannate. Preparations which are richly endorsed by the medical profession of this country, also endorsed by the French Academy of Medicine, Paris.

—The J. B. Lippincott Co., of Philadelphia, has issued a number of valuable medical works which are standard and which every physician should possess.

The Viburnum Compound of Dr. Hayden, has become a standard prescription, being in use about twenty years. Hayden's Uric Solvent and Antilithic has also proven successful. Made by New York Pharmaceutical Co., of Bedford Springs, Mass.

—The St. Louis Medical College is one of the few who advocate a high standard of medical education, a three years course being obligatory. Preceptors should bear this in mind.

—The Lambert Pharmacal Co., occupied a central position with an elaborate display of Listerine and Lithiated Hydrangea. Several handsome spray apparatus being in continual operation render the atmosphere delightfully fragrant, and attract much attention from the visiting physicians.

One of the centers of attraction in this display is the "registration stand," where handsome pocket souvenirs containing photo-lithographic views of the parks, public buildings and places of interest in St. Louis are distributed. We understand that the little book was prepared in Leipzig, and it will certainly prove a pleasing memento of our city.

BOSTON MEDICAL LIBRARY
JUL 27 1886

THE WEEKLY MEDICAL REVIEW.

VOL. XIII. No. 19. ST. LOUIS, MAY 8, 1886. TERMS: $3.50 A YEAR.

MISSOURI STATE MEDICAL ASSOCIATION

Twenty-eighth annual meeting held in St. Louis May 3rd, 1886.

FIRST DAY—MORNING SESSION.

The Association was called to order by Dr. C. H. Hughes, chairman of the committee of arrangements. He also delivered an address of welcome. Dr. C. A. Todd, of St. Louis, Second Vice-President, took the chair. On motion of Dr. Lutz a recess of twenty minutes was had, and upon reassembling, the meeting moved to the committee room of the First Presbyterian Church.

THE PRESIDENT, Dr. J. W. Jackson, called the meeting to order. On motion of Dr. Lutz a correction was made in the minutes for 1885. On motion the reading of the minutes of the last meeting was dispensed with.

DRS. BEARD, of Vincennes, Byrd of Quincy and Booth of Sparta, were invited to participate in the proceedings, and, on motion, the same courtesy was extended to all visiting physicians. Dr. Beard, by request, explained the Mississippi Valley Medical Association as being purely scientific and legislative, no qualification for membership being asked beyond that the applicant be a gentleman, no reference being made to the code of ethics.

The committee on Scientific Communications, through its chairman Dr. Middlekamp, of Warrenton, stated that no papers would be read, but that the titles would be announced and proceeded with those given him up to that time, as follows:

Rare Case of Laparotomy.—Case of Cyst of the Meso-Cecum.—Return of Cyst in the Cicatrix. By F. J. Lutz, M. D., of St. Louis.

Case of Addison's Disease associated with Gastric Ulcer. By N. M. Baskett, M. D., of Moberly.

Report of the Chairman of the Committee on the Collective Investigation of Disease. By B. F. Hart, of Brownsville.

Report of the Missouri State Board of Health to the Missouri State Medical Association.—An Unusual Case of Syphilis. By A. H. Ohmann-Dumesnil, M. D., of St. Louis.

DR. D. H. Shields, of Hannibal, moved, and the motion prevailed, that the report of the committee on credentials be considered the calling of the roll of members.

DR. C. S. HALL called for action on the resolution offered at the last meeting, in reference to selecting a permanent plan for the meetings. The resolution was discussed by Drs. Hall, Thompson, King, Steele and others, a number of amendments being offered. The resolution was lost and upon motion the chair then appointed the committee on nominations, which is composed as follows:

F. J. Lutz, M. D., St. Louis.; O. A. Williams, M. D., Tipton; Pinckney French, M. D., Mexico; J. H. Duncan, M. D., Kansas City; T. C. Boulware, M. D., Butler.

The Association then adjourned to meet at 2 P. M.

AFTERNOON SESSION.

The Association assembled at 2.45 P. M. Dr. J. W. Jackson in the chair. The committee on scientific communications made a further report. President Catlett's address was referred to the committee on publication. The Treasurer reported a balance $440.09 on hand.

Upon motion the dues for the current year were remitted except in the case of new members.

DR. GRIFFITHS of the State Board of Health read the report of its Secretary, Dr. Geo. Homan.

Invitations were read from the Training School, the Crow Art Museum, and Post Graduate Medical School and Polyclinic, the last to have a reception at 8.30 P. M.

The question of publishing the transactions was taken up and it was decided to print them as heretofore.

DR. NELSON proposed a resolution that no paper be received by the Association or be published unless given to the Secretary as soon as read. Carried.

DR. SHIELDS, of the auditing committee reported that the Treasurer's accounts were correct.

The committee on state medicine read a series of resolutions from the Women's Christian Temperance Union, and, whilst not favoring them, endorsed the teaching of physiology and hygiene in the public schools. Substitutes and amendments were offered and discussed, and the whole matter was finally disposed of by laying it on the table.

The election of officers being next in order was entered into with the following result:

President: Dr. J. W. Jackson, Kansas City.
First Vice-President: Dr. Woodson Moss, Columbia.
Second Vice-President: Dr. W. E. Fischel, St. Louis.
Third Vice-President: Dr. C. L. Lamb, Hannibal.
Fourth Vice-President: Dr. Tinsley Brown, Hamilton.
Fifth Vice-President: Dr. J. S. Gillette, Rich Hill.
Recording Secretaries: Dr. J. C. Mulhall, St Louis, and Dr. E. Cave, Mexico.
Corresponding Secretary: Dr. R. F. Brooks, Carthage.
Treasurer: Dr. C. A. Thompson, Jefferson City.

Next place of meeting, Macon City.

Dr. Mudd introduced a resolution from Dr. C. A. Todd which recited that as anatomical material is not adequate to meet the demand, the association pledge itself to induce the legislature to pass a more satisfactory enactment. The resolution was adopted and on motion of Dr. Dickinson a committee of three, to be named hereafter, will draw up a suitable bill to present to the legislature.

A vote of thanks was tendered the church wardens in whose edifice the meetings were held and the Association adjourned.

MEETING OF THE AMERICAN MEDICAL EDITORS ASSOCIATION

St. Louis, May 3, 1886.

The Association met at the St. Louis Club, and were called to order by the President H. O. Walker, of Detroit.

In the absence of the Secretary, Dr. Wm. Porter of St. Louis was elected Secretary protem.

The President read the following address:

Gentlemen:—The position of President of the Association of American Medical Editors, to which your partiality elected me a year ago, implied, if not distinctly expressed, that I shall on this occasion deliver an address. The principal difficulty which I have experienced in my effort to discharge this obligation has lain in the fact, that abler and more experienced predecessors in this position, have so handled the more appropriate subjects, which might serve me as texts, in such a manner as to have deterred me from making any one of them a basis of remarks. In view of this fact I have been driven to offer a few suggestions on matters of a business or semi-professional, rather than a distinctly professional nature. I take it that the majority of the editors of the medical journals of this country are also the publishers of their respective efforts. They are, moreover, not engaged in this work as in business ventures; that is they do not combine these publications with their work as practitioners, with any view of direct pecuniary profit, and, in the majority of instances, consider themselves to have accomplished a quite successful piece of work if, at the end of the year, the assets of their journals are found to have counter balanced their liabilities—quite satisfied if it shall appear that subscribers and advertisers have combined to contribute enough to satisfy the demands of the printer and the post office department. Many there are who willingly contribute their editorial services as a labor of love, and many, if they were able to discover evidences that these editorial services have added to their professional standing, consider themselves amply remunerated.

The statement that doctors are indifferent business men has become well nigh proverbial, and any hints calculated to improve their capacity in this direction can scarcely fail to prove of interest. The sources of direct revenue to tha publishers of a medical journal are the subscription list and the advereising account. The latter is so closely dependent on the former that the first object of the publisher is to place the journal in the hands of the largest number of those who will regularly read it. And this leads me to remark that there are for practical purposes, two classes of readers—the paying and the non-paying class. There is a *bone-fide* subscription list and a "stuffed" list. The former is a source of direct revenue to the publisher, a legitimate basis for contracts with advertisers and a credit to reputable journalism. The latter entails a loss to the publisher, is a fraud on the advertiser and a thing inconsistent with a correct standard of professional conduct. The former grows side by side with confidence, and like the growth of confidence its growth is slow. The latter is not a growth, but has the size and the airy nothingness of the soap bubble. The former is the list of the permanent publications which mould professional opinion; the latter is that of the catch-

penny sheet to which the moulding of professional opinion is a thing quite secondary to the additions of dollars to the store of the publisher. The former is the staff and support of reputable journalism ; the latter is doing more than all other influences combined to ruin legitimate medical journalism. The former is, therefore, a something to be cultivated ; the latter should be discouraged, and the evil tendency of it clearly indicated to such publishers as have been thoughtlessly attracted toward it.

The "stuffed" list includes the practice of sending out specimen copies, so called—a practice which, through the abuse of it which has grown to such dimensions of late years, has done a well nigh irreparable damage to the business of publishing a medical journal which has not at its back some commercial enterprise which can turn the evil thus done to journalism at large to its own individual advantage. The only ground on which the *bona fide* subscription list can grow is merit in the editorial ability of the journal, such ability being not necessarily confined to the editorial department proper, but embracing the succes of the editor in securing meritorious contributions from the pens of workers in the field of medical practice. The practice of the wholesale distribution of specimen copies is, however, a blight on such growth, in so far as it keeps the profession supplied with reading matter free of expense to the reader. The very common experience of the canvasser for subscriptions to a medical journal is to be referred by the physician on whom he calls to a pile of assorted medical journals lying on his desk, which he declares have been furnished him without cost and which he claims come with sufficient regularity to supply all his necessities in that line. It is natural that the publisher in sending out these specimen copies shall furnish a number on which the editor has spent more than his usual amount of effort, and the consequence is that the literature thus gratuitously supplied is of a superior class, as compared with the usual standard. If, therefore, a single publisher had a monopoly of this plan of sending out specimen copies he would, doubtless, find it profitable, but since the plan is very generally practised it is thus made to defeat itself, by relieving the practitioner of the necessity of investing in a supscription in order to secure an adequate supply of periodical literature. I think I may safely appeal to the experience of the editor-publishers of this Association for support to the declaration that this gratuitous distribution of their best efforts does not pay, and in view of the damaging effect which it necessarily has on journalism at large, it has seemed to me but proper to direct the attention of the Association to it, in order that the matter may be formally considered, if, in the opinion of my associates, it merits such consideration. The *bona fide* subscription list should, furthermore, carry the names of no readers who do not, with proper promptness, discharge their pecuniary obligations to the journal. While there are exceptional instances, the rule is that when a reader fails to pay for his journal within the time fixed for payment by the journal's rules, it is his purpose to evade payment altogether, and, it will be found to be sound practice from a pecuniary point of view for the publisher to lop off within a reasonable time after the opening of the new year the names of all who have failed to remit for their subscription for the previous year. If a practice of this kind were universally adopted by the publishers of medical journals, as it is by publishers of secular periodicals, it would, in my opinion, redound very materially to their individual benefit, while it would also have the effect of increasing the respect in which the profession hold the medical press. It would, perhaps, be wise for publishers to adopt the pay-in-advance system, but some allowance should be made for the pecuniary difficulties from which medical practitioners are not infrequently obliged to suffer through no fault of their own. This is another matter which, it has seemed to me, it would not be outside of the functions of this Association to consider.

The advertising department of the medical journal has weighty claims on the consideration of the editor-publisher. Unfortunately, in, perhaps, the majority of cases, the editor is debarred from the privilege of shifting the responsibility for the infractions of the spirit if not the letter of the Code of Ethics to which we all yield allegience, to the shoulders of the convenient publisher, who acknowledges no code other than the unwritten standard of integrity which prevails in commercial circles. The editor-publisher is a sort of a "Pooh-Bah," who is obliged through force of circumstances, in which he finds himself, to do in one of his capacities things which in another capacity would be in more or less direct violation of his implied, if not expressed, obligations. I refer, now, more particularly to the matter of admitting to the advertising department of his journal advertisements of preparations which are expressly condemned by the Code of Ethics of the American Medical Association, to-wit : preparations the formulæ of which are secret

and in the very names of which the manufacturers hold a proprietary interest, which shuts off the salutary effects of competition. It is an indisputable fact that the revenue from this source is essential to the continuance of, perhaps, all the medical journals of this country. The confession is very humiliating to professional pride, but I make it thus openly in order both to secure that good to the soul which such patency is said, on very high authority, to ensure and to direct the attention of the Association to a matter in regard to which it may, perhaps, see fit to take action looking towards such amendment of codical restrictions as will relieve the journalistic fraternity of galling inconsistency between practice and precept. Personally I cannot but regard the provisions of the Code in regard to such preparations, as incompatible with perfectly legitimate business practice, and while I should be loath indeed to cast any reflections on an obligation to which I have voluntarily subscribed, I cannot resist the temptation to suggest, in this somewhat *sub rosa* manner, the advisability of some action looking towards relief from a feeling that the editor-publisher of this country does not square his conduct, in the matter of the advertising department of his journal, with the rules which govern him as a member of the medical profession. *Verbum sat sapienti.*

I assure you, gentlemen, that I have felt some delicacy in obtruding matters of such a non-professional nature on your attention on an occasion which has well nigh come to be regarded as a sort of annual social reunion of the editorial fraternity. Perhaps the greatest good to be derived from our gathering, consists in that which comes from the hearty hand-shake aud the sympathetic expression of those with whom we have been holding communion, as "esteemed contemporaries" during the preceeding twelvemonth. If this Association had no other object than this, this object would be sufficient to justify its perpetuation, but the interjection of a little discussion of such practical nature as is involved in the struggle for existence, or in other words, in the fight for the almighty dollar, is not necessarily incompatible with a good time. If I, whose editorial experience has been neither very long nor very successful (owing, possibly, to the publishing experience which I was obliged to combine with it,)may be permitted to offer a criticism of the Association's work in the past, I would submit that it has not been sufficiently of that practical nature which is necessary to fit us to ombine with our acknowledged literary excellence, the requisites of pecuniary succes; for, gentlemen, I may say, (in all modesty, of course,) that you see before you a living illus. tration of the fact that something more than superior editorial ability is necessary at the helm to sail a craft combining all the peculiarities of the medical journal. It was with a view to directing the Association into the line of practical work of some nature, that I ventured to suggest a topic or two for consideration. This practical work need not necessarily be such as leads directly to the acquirement of money. There are many matters of an intensely practical nature attention to which is essential to journalistic success, but which do not bear direct pecuniary fruit. The time is coming, and even now is, when medical journalism in America to be what it should be, in view of the status of medicine in this country, must become more distinctively a business. Far be it from me to reflect, even by implication, on the fitnes of the general practitioner to be a successful journalist. Some of our brightest editorial minds are found in the persons of some of our busiest practitioners. But, gentlemen, the pursuit of literature and the practice of medicine are two separate and distinct callings, either one of which is sufficient to occupy to the utmost degree the capacity of any man, and when it is sought to combine with these the very diverse qualifications of the business man the chances are that the venture in the interests of which the combination is sought to be made is doomed to failure from the beginning.

I may venture to hope, gentlemen, that in your selection of my successor, qualifications quite different in their character from those which I have brought to the position may determine your choice.

Permit me, gentlemen, in returning to you my sincerest thanks for an honor most unworthily bestowed through your partiality, to express the hope that we may all be spared to meet in many more of these annuals reunions, and that at each meeting the bonds which unite us into a fraternity may be cemented firmer and firmer, so that, separating from these meetings we may be able in interrogating our hearts, hear welling up from within, the saying it was good for us to have been there.

After the reading the President appointed Drs. Brodie, Wile and Sim a Committee on Nomination, who reported as follows: President, J. V. Shoemaker, Philadelphia; Vice-President, Dudley Reynolds, Louisville; Secretary, William Porter, St. Louis. Thereupon the business meeting adjourned and sat down to the banquet tendered by the Medical Press and Library Association.

BANQUET TO THE ASSOCIATION OF THE AMERICAN MEDICAL EDITORS.

There assembled at the St. Louis Club, Monday evening, as the guests of the Press Association, the following named gentlemen :

H. O. Walker, Detroit, M. F. Comes, M.D., Medical Herald, Louisville; J. V. Shoemaker, Medical Bulletin, Philadelphia; J. J. Mulheron, Medical Age, Detroit; A. L. Fulton, Kansas City Medical Record; Thos. H. Hawkins, Denver Medical Times; Leartus Connor, American Lancet, Detroit; W. W. Jaggard, Chicago Medical Journal and Examiner; George H. Rohé, Philadelphia Medical Times; William C. Wile, New England Medical Monthly, Newtown, Conn.; Richard J. Dunglison, College and Clinical Record, Philadelphia; W. M. Carpenter, Medical Record, New York; D.W. Yandell, American Practitioner and News, Louisville; F. L. Sim, Mississippi Valley Medical Monthly, Memphis; N. S. Davis, Journal American Medical Association; D. T. Smith, American Practitioner and News, Louisville; J. Deering Roberts, Southern Practitioner, Nashville; Thos. Summers, Florida Medical and Surgical Journal, Jacksonville, Fla.; John S. Marshall, Archives of Dentistry, Chicago; J. Taft, Dental Register, Cincinnati; F. L. James, A. H. Ohmann-Dumesnil and F. M. Rumbold, St. Louis Medical and Surgical Journal; John G. Harper, Archives of Dentistry, H. M. Whelpley, National Druggist St. Louis. Besides these gentlemen, directly connected with the medical press, the following distinguished guests were present: Wm. Brodie, the President of the American Medical Association; Dr. J. M. Toner, Washington, D. C.; Henry O. Marcy, Boston; Wm. H. Pancoast, Philadelphia; Moses Gunn, Chicago; John B. Hamilton, Surgeon-General U. S. M. H. S.; Walter Wyman and S. T. Armstrong, U. S. M. H. S., Dr. Octerlony, etc.

The members of the Medical Press and and Library Association were present in full force.

The President of the Medical Press Association, Dr. Wm. Porter, delivered the following address:

GENTLEMEN OF THE ASSOCIATION OF AMERICAN MEDICAL EDITORS: It has been my

pleasant duty to greet you in the name of the Medical Press Association of St. Louis. You have honored us with your presence at our table, and by that token we are friends; we are engaged in the same work and in our labors we are brothers.

In nature the all powerful forces are silent ones. Among men, and especially among medical men, the most potent influences are also silent.

The books upon our shelves are rays of light from the bright lives of men whom we never saw. The records of the experience of others noiselessly mold and shape our own actions, till we have a strange commingling of that which we have read, combined with and colored by that which we have seen.

So it is, gentlemen, that an assembly of medical editors is a force—a mighty power—capable of exerting an influence which may not be easily estimated.

To be called to the chair of a medical university or college is a distinction which many have greatly desired; but while the professor speaks to scores of doctors that are to be, you, gentlemen, address each week or month hundreds or thousands of physicians in active practice, men who are themselves centers of influence and power.

In union, in organization, there is strength. Here, in the acknowledged directors in current medical literature, is a power which harmonized and organized, I hesitate not to say, is the controling power of the profession of to-day.

See to it then that this force be rightly applied, that it be not the fitful mind or the swaying tide, but constant persistent and unyielding in upholding the honor and dignity and progress of our loved profession.

I congratulate you, gentlemen, that you are all in accord with the spirit of our great and grand National Association. It is needful that this should be. In the deliberations of the American Medical Association are formulated principles which it is yours to take, present to, and urge upon your readers.

Your journals connect the National head with the individual members of the great and legal body of American physicians.

Of this body of giant frame and varied membership, it has been said that the brain is situated near the rising sun. Location or causes to us unknown seem to have developed a hydrocephalic tendency, which we may well treat by counter irritation, compression, or absorption.

Meanwhile you are the back bone, each one a vertebra of strength.

In conclusion we have placed before you this evening food for the inner man, to signify our appreciation of that mental pabulum which we have received during the year that is past, through the medium of our exchanges.

Dr. I. N. Love was elected toast-master, and presented quotationr from Shakespeare, which were responded to by Drs. N. S. Davis, Wm. Brodie, J. M. Toner, W. H. Pancoast, H. O. Marcy, J. B. Hamilton, J. V. Shoemaker, W. C. Wile and J. M. Carpenter.

Many others responded happily, especially Drs. Summers, Woodbury, Mudd, Todd, Yandell, Reynolds and Gunn.

The festivities were kept up until a late hour, and through the merry hours was nothing to disturb or annoy.

Poisoning by Vaseline.—The reports of positive injury having been worked by the use of ointments, with vaseline as a base, upon the eye and upon the integument are not single and far between, the mischief being generally attributed to impurities of the preparation. In the *British Medical Journal* Feb. 13, the poisoning of three children, aged from 8 to 14 years, is reported as a consequence of the internal administration of about half a teaspoonful of vaseline for sore throat. Pain and cramps in the extremities and severe vomiting ensued. No other cause than the taking of the vaseline was apparent.

Fissure of the Anus.—In the *British Medical Journal*, Feb. 27, A. D. Macgregor proposes a novel mode of treatment of anal fissure, no cutting or even stretching of the sphincter being done. He orders a full dose of castor oil and rhubarb; when this has operated, the bowel is washed out with an enema containing Condy's fluid. This done the speculum is passed and the fissure is painted with a solution of chloride of zinc, twenty grains to the ounce. A piece of lint with boric ointment is used as a dressing; the bowels are held in check by opium, liquid food only being allowed. One application of the chloride of zinc is found to be enough. Only a little smarting and uneasiness is caused thereby. The fissure is effectively purified and the reparative process stimulated.

WEEKLY MEDICAL REVIEW,
EDITED BY
THE MEDICAL PRESS AND LIBRARY ASSOCIATION,
914 LOCUST STREET, ST. LOUIS, MO.

SATURDAY, MAY 8, 1886.

THE MEETING OF THE ASSOCIATION.

The Thirty-Seventh Annual Session of the American Medical Association at St. Louis has passed into history, and stands recorded as a success,—a success in point of numbers, for the attendance was very large and enthusiastic,—a success in point of the work done, which was harmonious in the general sessions and profitable in the sections,—a success as regards the social features, which, we take it, form no unimportant part at gatherings of this kind, in bringing together men who should become personally acquainted for their benefit and that of their profession.

A most happy result of the deliberations of the meeting is the selection for President of a man who is a representative of the West and South, who is highly esteemed in this territory as a surgeon of a high order, as a teacher of rare ability and zeal, and more than all as an unflinching, uncompromising exponent and champion of an advanced, high grade of medical education.

Now, at the conclusion of the labors of the meeting, it is safe to assert that the International Medical Congress is an assured success. The universal satisfaction of all, delegates and members, at the parting, was eloquently voiced by Dr. N. S. Davis, who said, that there was in the ranks of the Association well-wishing and harmony and union. The union forever!

OUR DAILY.

The WEEKLY MEDICAL REVIEW scored a signal triumph during the week by the publication of a daily bulletin of the work of the meeting. The pages were eagerly sought on account of their newsy, attractive character.

We present, in this number, nearly the entire proceedings of the Association, together with a report of the transactions of the State Medical Society, of the Editors Convention, and the banquet tendered the editors by the REVIEW.

LARYNGOLOGICAL SECTION OF THE CONGRESS.

At last it has been decided that there shall be a separate Section of Laryngology in the coming Congress. This is a recognition of a branch of practice which will give satisfaction to all.

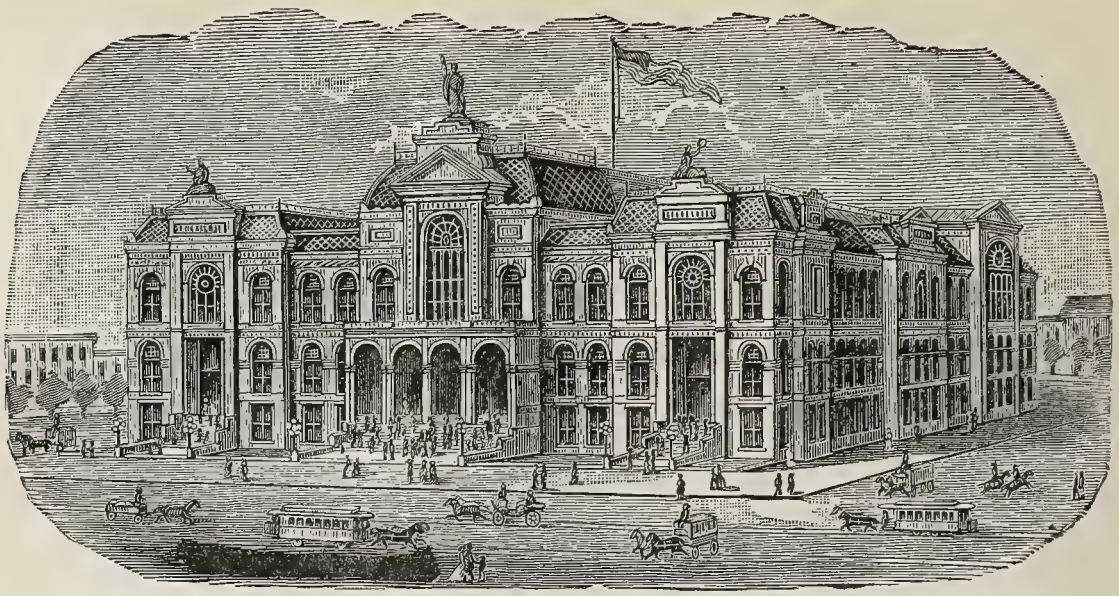
Many thanks are due Dr. Jones, of Chicago, for the consummation. He was President of the combined Section of Otology and Laryngology, and his efforts for a division were unselfish. It is now right, since all good men in the profession can come in—that the laryngologists at home and abroad should take hold of this work and make their section a success.

TREATMENT OF PERTUSSIS.—From an interesting letter by the Berlin correspondent of the *Therapeutic Gazette* we learn that Prof. Henoch relies solely on one remedy, viz.: morphine, prescribing as follows:

℞ Morph. acet. s. mur., gr. $\frac{1}{6}$–$\frac{1}{2}$.
Aq. destill., - - ℥j.
Syr. alth., - - - ℥ss.

M. S. One teaspoonful two to four times a day.

If somnolence sets in the drug is stopped. Great care should be taken to inform the nurses of the nature of the remedy. It is preferable to the dangerous atropine. Still Henoch orders it only in the severer cases marked by about twenty paroxysms a day. In milder cases he orders inhalations of carbolic acid in a one-half per cent solution by means of an atomizer, or orders the air of the sick-room to be impregnated with the same evaporating solution. This medication furnishes no constant results, sometimes being remarkably favorable, sometimes wholly negative, but at no time injurious. After having tried all the methods, even the systematic quinine exhibition, Henoch is convinced that the morphine medication and the carbolic acid inhalations are the best.



ST. LOUIS EXPOSITION BUILDING.

PLACE OF MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

AMERICAN MEDICAL ASSOCIATION.

Thirty-seventh Annual Session held in Exposition Building, St. Louis, May 4th, 5th-6th and 7th, 1886.

FIRST DAY, MAY 4TH.—MORNING SESSION.—GENERAL SESSION IN MUSIC HALL.

At 11:15 A. M. the meeting was called to order by Dr. Le Grand Atwood, chairman of the Committee of Arrangements, who introduced the President, Dr. Wm. Brodie, of Detroit. Rev. Montgomery Schuyler, D. D., then offered prayer.

Hon. D. R. Francis, Mayor of St. Louis, then delivered an address of welcome on behalf of the citizens of St. Louis. He stated that it was appropriate for the Association to hold its session in the healthiest city in the United States. He extended the most cordial welcome to all in behalf of the municipal government, and stated that the physicians of St. Louis had made ample preparations. He then spoke of the high and noble profession of medicine and regarded the art of healing as coordinate to the ills and accidents incident to mankind. He reviewed the growth of medicine from its practice by the priests to the present day, regarding its history as that of religion, science and progress. After eulogizing the practice of medicine and alluding to the great advances made since the time of Esculapius and Hippocrates to the present, he concluded by bidding all a hearty welcome to the city.

DR. ATWOOD next made an address in behalf of the local profession. He thought that the previous speaker had well covered the ground—that the physicians here were enthusiastic and had been nobly seconded by the citizens of St. Louis. In 1874 when the Association first met in St. Louis, the present President, Dr. Brodie, first became a member. Here also resided some distinguished men. Beaumont, Joseph Nash McDowell and others, whose reputations have made them famous; Jno. S. Moore who first lectured west of the Mississippi; Chas. A. Pope, and last but not least, Jno. T. Hodgen. If the spirits of these can revisit the places they like best they are hovering about, and would, if in the flesh, urge all to keep inviolate the code of ethics. He concluded by extending a thousand hearty welcomes to all.

The ex-presidents of the Association were invited to take seats upon the platform.

The Committee on Arrangements, through its chairman, Dr. Atwood, made a report, printed copies of which had been furnished to the members.

A protest was read against the admission of delegates from the Philadelphia Co. Medical Society, N. Y. Academy of Medicine, Davidson county Medical Society, Tennessee, Tri-State Societies, Mississippi Valley Medical Society and Tennessee Medical Society. All were referred to the Judicial Council.

A number of applications for membership by invitation were read and accepted.

The Annual Address of the President by Dr. William Brodie, of Detroit, Mich., was next read. He congratulated the members in meeting again and renewing old friendship as well as making new ones. Whilst most of the members have been spared it was with sadness that he announced the decease of three ex-presidents of the Association

during the year. Dr. W. K. Bolling, of Tennessee, Jno. L. Atlee, of Pennsylvania, and Austin Flint, of New York. He reviewed the career of these gentlemen, and paid a fitting tribute to their memories. The past generation of our medical men is fast fading away, and may we hope that those who follow will fittingly represent their predecessors. The speaker proposed to confine his remarks to the progress of the Association. He reviewed its progress from the first meeting held in 1846, where 120 medical men met. Their object was to elevate the tone of the profession and the standard of medical colleges. It was deemed also best, at that time, that the teaching and licensing should be separated and many other things equally valuable. But four of the originators are living to-day. Drs. N. S. Davis, A. Stillé, Alonzo Clark and Bush, the first two having been presidents. At the next meeting in Philadelphia in 1847, the committee reported the code of ethics and by-laws which have scarcely been changed since, the code having stood the test of forty years and constituting the rule of action for more than nine-tenths of the physicians of the United States. What is remarkable is that of all the societies of this country, but one has repudiated the code, and it is the one that first invited the formation of the American Association,—the New York State Association.

In no one subject is the people more interested than the medical profession. It is charged that this body has failed to carry out the purpose of its founders, and has, instead of being a scientific society, degenerated into a meeting of demagogues. Were its transactions reviewed, no justification of such a charge would be found. This charge is due chiefly to a few journals only, and it would be well for these journals to change their editorial management, if they wish to retain the patronage of the members. Here the reader mentioned a number of papers by members which have not only been of the highest, value, but made their authors eminent.

Before the time of this Association specialties were unknown, and the accretion of population increased this. The opthalmologists were the first to form a national association, then the others followed. These are all necessarily restricted, but the American Association knows no limits.

No pent up Utica contracts their powers,
The boundless universe of medicine is ours.

Recommended new section on Medical Jurisprudence, and one on Dermatology and Syphilis; that the Secretaries of sections be made permanent. The journal thus far has been a success. The plan of receiving members by application has also proven satisfactory. He called attention to section 3, article iv., by-laws, making all papers, addresses, etc., the exclusive property of the Association, reporters of journals, however, not to be excluded from the meetings of the general sessions and of the sections.

Called attention to the by-law referring to testimonials for patent and secret medicines, and as proprietary medicines had left open a door, this ought to be corrected, as practically patent, secret and proprietary medicines were the same.

It has been suggested that the Association be modelled on the plan of the British Association with branches in the various States and Territories, but he could not see any advantage in this.

He announced with pleasure that the arrangements for the Ninth International Congress in Washington, D. C., were progressing well.

As it was questioned by some that the American Association had any authority to govern the action of the profession in regard to the Congress, the speaker gave a *résumé* of the work done since the last meeting of the Congress. Recommended that the report of the committee, as now constituted, be adopted.

Matters of importance may come, and the very existence of the Association may be hazarded, and the speaker asked the members to do all they could to secure its stability. In conclusion, he asked all to co-operate with him to make the meeting a success.

A vote of thanks was proposed by Dr. Murphy, of Minnesota, and also to refer the recommendations of the paper to the proper committees. Carried.

Committee on Transportation annnouced that members who have paid full fare can return at one-third the rate.

A memorial from the Women's Christian Temperance Union was referred to the section on State Medicine.

Dr. J. Lynch, Baltimore, on Committee of Preliminary Organization, reported the adoption of rules, appointed officers and committees, which were read. Accepted and adopted. The motion was reconsidered, and this last laid on the table.

The amendments to the constitution, laid over at the last meeting, were next considered.

Dr. N. S. Davis read amendment to change the present order of nominating chairmen and secretaries so that each section shall nominate its own officers on the second

day of each annual meeting, their duties to commence at the close of the meeting. Dr. A. L. Gihon offered a suggestion, that when the sections elect officers they make the secretaries permanent. Quite an animated discussion took place. The amendment was adopted on a rising vote.

A number of volunteer papers were announced and referred to their proper committees.

The delegates were instructed to elect their representatives on the nominating committee.

The session then adjourned to meet at 10 a. m., May 5.

SECOND DAY, MAY, 5TH.—MORNING SESSION.

The Association was called to order at 10:30 A. M. by the President. Rev. M. Rhodes, being absent, there was no prayer.

DR. ATWOOD, of the committee of arrangements, read applications for membership by invitation.

The Secretary announced that the committee on the President's address consisted of Dr. Mercy, of Minnesota, A. L. Gihon, U. S. N., and Garcelon, of Maine.

The committee on elections was then read by the Secretary as follows:

Alabama. ———
Arkansas. O. E. Hooper.
California. ———
Colorado. J. W. Graham.
Connecticut. ———
District of Columbia. J. W. Buckley.
Delaware. ———
Florida. T. O. Summer.
Georgia. J. W. Bailey.
Illinois. J. E. Owens.
Indiana. Wm. Watson.
Kansas. C. V. Mortrom.
Kentucky. W. H. Wathen.
Louisiana. Jos. Jones.
Maine. C. E. Webster.
Massachusetts. Cushing.
Maryland. G. H. Rohé.
Michigan. H. O. Walker.
Mississippi. F. H. Rowland.
Missouri. G. F. Dudley.
Minnesota. — Kimball.
Nebraska. Wm. Knapp.
New Mexico. W. R. Tipton.
New Jersey. E. L. B. Godfrey.
New York. E. S. F. Arnold.
North Carolina. C. J. O'Hagan.
Ohio. H. J. Sharpe.
Pennsylvania. — Lands.
Rhode Island. — Stover.
South Carolina. — Kinloch.
Tennessee. Duncan Eve.
Texas. — Paine.
Vermont. Woodward.
West Virginia. G. W. Baird.
Washington Territory. W. T. Gallaway.
United States Army. ———
United States Navy. — Hoard.
Marine Hospital Service. W. Wyman.

A protest was entered against the admision of Dr. Eve, of Tennessee, on the committee, before the Judicial Committee passed in the Society of which he is a delegate.

Next in order came the address of the Chairman of the Section on Surgery and Anatomy, by Nicholas Senn, of Milwaukee, Wisconsin. He stated that it could not be denied that the sphere of the physician has been getting limited, and that surgery has been making inroads upon the territory of medicine. During the past few years surgery has assumed a progressive and aggressive course, and operations are now being made that a few years ago would have been regarded as unjustifiable. Explorative surgery is now resorted to, and numerous maladies formerly regarded as incurable are relieved by surgical means and organs regarded as indispensable are now successfully extirpated. The subject of the address was then the

PRESENT STATUS OF ABDOMINAL SURGERY.

The speaker then began a review of the most important papers written during the year on penetrating wounds of the abdomen, gun-shot wounds of the intestines, and penetrating gun shot wounds, it being necessary here almost always to open the abdomen and examine the intestines, and attend to them properly. The medico-legal bearing of the case may involve difficulties, but this should not deter the surgeon from performing his duty. Procrastination and transportation in such cases are most dangerous as they promote hemorrhage and final extravasation. Abdominal section has for its objects: Positive diagnosis, arrest of hemorrhage, repairing the breach in the solution of continuity, and the prevention of extravasation. The details of the various steps were next considered by the speaker.

Next laparo-colotomy was considered by Dr. Senn, and then he took up the subject of sub-cutaneous traumatic rupture of intestine, which is more common than generally supposed. The various opinions respecting the treatment to be adopted were given, various operations having been suggested. The greatest difficulty, however, is to make a diagnosis. The reader thought that abdominal section and resection of the bowel is the best

treatment. The treatment of abdominal obstruction by laparotomy is still in its infancy. The results of operations for internal strangulation will improve as the operative interference is performed early.

Until recently operative treatment of intussusception has been regarded as almost criminal. Where no adhesions exist reposition will often reduce the invaginated bowel. If these measures fail us,no time should be lost to open the abdominal cavity and reduce directly,and if this is not successful resection of the bowel or a preternatural anus must be resorted to.

Entero-lithiasis and entero-stenosis were noticed. In the latter the obstruction is not difficult to find, but it is difficult to locate the site. Enterectomy is an operation whose results depend upon the condition of the tissues cut. There is also a certain limit in the amount which can be removed. Rupture of the diaphragm; the treatment of peritonitis by incision and drainage; tubercular peritonitis; peritonitis with effusion; gastrotomy for malignant and non-malignant disease of the esophagus and for cicatricial stenosis; pylorectomy; gastro-enterectomy for malignant and non-malignant disaese; jejunostomy, etc., were considered. The speaker hoped that however interesting these operations might be they ought to be limited to the lower animals. The conclusion of the address included the evidence of the good work done in abdominal surgery, but its greatest achievements belonged to the future. Diagnosis will improve as well as the operative procedures and methods of treatment. Abdominal surgery is of American origin, and it is an important and sacred trust which has been left to us to develop.

Referred to Section on Surgery.

Dr. S. C. Gordon, of Maine, Chairman of the Section on Obstetrics and Diseases of Women, made an address, in which he alluded to the fact that a great many pet theories have been exploded. One of these is that an accoucheur who has been exposed to septic influences should not attend a woman. Absolute cleanliness, however, is sufficient to protect. The speaker did not attempt to review the progress made during the last year. During the past year he had applied Hegar's test to determine pregnancy. For obstinate vomiting no better method than dilating cervix and raising uterus. For induction of labor prematurely he preferred a bougie, and regarded the eighth month as best where deformity of pelvis exists. He regarded the post-partum treatment of women as important to the highest degree. Especially is this applicable in the matter of food.

He was in favor of diminishing the suffering and of shortening the time of labor, as American women seem not to be able to bear as easily as the British. The treatment of the placenta as given by Pajot recently is best. Prompt and gentle traction on cord and finger passed up along cord to determine the amount of traction, is the method. In abortion do not forcibly remove the secundines.

The removal of the uterine appendages, Battey's Tait's and Hegar's operations, were next considered. Much difference has existed as to the propriety of performing these operations, and the indications calling for them. This lead to the consideration, on the part of the speaker, of hysteria and its relations to diseases of the uterine appendages. After alluding to hysteria and the various opinions expressed as to its causation by disease of the uterine appendages, the speaker went on to say that the week pending and following the flow, including the period, is the time when we are to expect to see the nervous phenomena most developed. The etiology of the disease was next considered. Until within a comparatively late period hysteria in the male had never been mentioned. The causes of hysteria in the female are numerous, and the speaker proposed only to give a few cases having varied causes. In the first case mentioned the illness had existed eleven years. She went on to such a degree that it was proposed to send her to an insane asylum. All the symptoms were aggravated at each approach of menstruation. Sharp retroflexion existed, and prolapse of the right ovary. June 20, 1883, ovaries removed; cystic degeneration existed. Recovery resulted.

In the second case reported, the disease had existed from the beginning of menstruation, and was severe. Tubes and ovaries removed, and were somewhat like last. From that day has been perfectly well.

In case third, girl of seventeen had violent pain for two years, flooding, etc. Operated upon and entirely relieved. Scarcely any normal tissues existed in the removed appendages.

Several other cases were detailed, in which the symptoms and treatment were about the same in principle as those already mentioned. Has operated twenty-five times, with only one death. Four or five were for uterine fibroids, many for excessive hemorrhage, with complete relief. In only one instance did he fail to remove the entire substance of the ovary, and this is the only one which has continued

to menstruate. In all cases the appendages were diseased. With two exceptions, he had no reasonable doubt that they will completely recover in time. He did not claim that in all cases of hysteria there is disease of the uterine appendages, but in the cases related, there was no doubt that these conditions had the relationship of cause and effect.

In regard to unsexing the women, all those operated on either never had been pregnant, or had borne no children since the inception of the trouble. He concluded that:

So-called hysterical symptoms occur almost exclusively in women.

Due to disease of some organ or organs peculiar to women.

All mode of treatment, other than operation, has failed to cure or even ameliorate.

Majority operated on have been cured by operation or vastly improved.

Very few diagnosed by the touch alone.

Where other means fail the operation ought to be recommended as it does not diminish sexual desire; and as most of those requiring it are sterile, it does not militate against this operative procedure.

That the mortality from the operation is so small as to amount to almost nothing.

Referred to the Section.

Dr. A. L. Gihon, U. S. N., chairman of the Committee on Monument to Dr. B. Rush, reported that the committee would forthwith proceed to collect money for the purpose of erecting a monument to Dr. Rush, in Washington City. The amount is limited to $1.00 from each physician. He reported that the committee desired Dr. G. H. Rohé, of Baltimore, as Secretary, and Dr. J. M. Toner, of Washington, as Treasurer. Riggs' Bank of Washington to be the depository of the funds. Referred.

Dr. Quinby moved to take the report of the committee in favor of a new section on Medical Jurisprudence from the table.

After some discussion the amendment was adopted.

Dr. LeGrand Atwood, of the Committee of Arrangements, made a report on routine matters. Mr. Chapman invited the association to view his private gallery.

The Directors of the Public Library invited the members to use the privileges of the library.

The Merchant's Exchange invited the members to visit the Exchange.

Several communications were read and referred.

The Association then adjourned to 10 a. m., May 6th.

Third Day, May 6th.—Morning Session.

The Association was called to order at 10:20 a. m. by the President. Rev. R. G. Brank, D. D., offering prayer.

The chairman of the committee of arrangements made a report. The Missouri School for the Blind sent an invitation, through the Superintendent, to the Association.

The committee on nominations then made the following report:

President—E. H. Gregory, St. Louis.

First Vice-President—B. H. Miller, Stillwater, Minnesota.

Second Vice-President—W. B. Welch, Arkansas.

Third Vice-President—W. H. Pancoast, Philadelphia.

Fourth Vice-President—W. C. Wile, Connecticut.

Permanent Secretary—W. B. Atkinson, Philadelphia.

Assistant Secretary—J. Nevins Hyde, Chicago.

Treasurer—Rich. Dunglison, Philadelphia.

Librarian.—C. H. A. Kleinschmidt, Washington.

Next place of meeting, Chicago, Illinois—First Tuesday in June, 1887.

The committees on necrology, state medicine, members of judicial council were announced. The trustees of the Journal are P. O. Hooper, of Arkansas, A. Garcelon, of Maine, and L. S. McMurtry, of Kentucky.

Officers of the Sections.

Practice of Medicine—Chairman, J. S. Lynch, Baltimore; Secretary, J. B. Mervin, Louisville.

Obstetrics and Diseases of Women.—Chairman, F. M. Johnson, Kansas City. Secretary, W. W. Jaggard, Chicago.

Surgery and Anatomy.—Chairman, H. H. Mudd, of St. Louis. Secretary, Jno. P. Roberts, of Philadelphia.

Ophthalmology, Otology and Laryngology.—Chairman F. X. Scott, Cleveland. Secretary, J. H. Thompson, Kansas City.

Diseases of Children. Chairman, DeLaskie Miller, Chicago. Secretary, W. B. Lawrence, Batesville, Ark.

Oral and Dental Surgery.—Chairman, J. S. Marshall, Chicago. Secretary, E. S. Talbot, Chicago.

State Medicine.—Chairman, G. H. Rohé, Baltimore. Secretary, W. Wyman, U.S.M.H.S.

Committee on Necrology.—Chairman, J. M. Toner, Washington, D. C.

Dr. A. L. Gihon read the report of the committee on the recommendations in the President's Address; committee is in favor of

memorializing Congress to send three medical men to inquire into yellow fever. Not agreed as to the proposed recession from the metric system. Approve of making a section on dermatology and syphilis, and approve the action which has been taken in creating the section in medical jurisprudence; also that sections should elect their own officers and endorse the President's opinion that papers belong to the Association. The committee says that no members should be permitted to give recommendations to proprietary medicines or instruments, and that the judicial council should take up the matter without formal presentation of charges. Earnestly reecho the wish of the President to make the meeting of the International Congress a success by burying their private piques and quarrels and sacrificing all that may be in the way.

On motion the report was adopted.

The Report of the the Standing Committee on Meteorological Conditions and their Relations to the Prevalence of Diseases, also concerning the Subject of Collective Investigation of Disease, in Co-operation with the Committee of the British Medical Association was made by N. S. Davis, Illinois, Chairman.

Progress was reported and as far as practicable work has been done, but on account of the apparent tendency of cholera to spread over Europe to this country it has been deemed best to delay some time until the next meeting. In regard to the collective Investigation of Disease the committee has distributed a large number of blanks to be returned on or before the 1st of January, 1887, when it will be tabulated for the next meeting of the Association of the International Congress. Adopted.

Dr. J. M. Keller, of Hot Springs made a report of the special committee on Cremation. So much attention has been devoted to this subject in the favor of cremation that the committee has but little to say. Committee believes earth burial has a greater influence in disseminating disease than all of man's ingenuity could otherwise devise. The body in every phase of its decay is dangerous and burial merely hides from the view sources of danger which are being taken into the air and alimentary passages of living persons. He spoke of the micro-organisms which are brought to the surface by earth worms, and the fact was mentioned that the earth of cemeteries teems with noxious organisms. The graveyard must be abandoned, and the problem has arisen as to how the dead must be disposed of for the safety of the living. Embalming and mummifying are repulsive, and modern cremation alone is effective and the quickest, simplest, safest and cheapest. It accomplishes in a few moments what putrefaction may never accomplish. The report concluded with a resolution recommending cremation. On motion the report was adopted. This was reconsidered and the report referred to the Section on State Medicine to report on Friday.

Dr. Jas. T. Whittaker, of Ohio, Chairman of the Section on Practice of Medicine made his address in which he said that there are three periods in medicine; the first being the observation of symptoms, the second that of the effects of disease, and the third the investigation of the causes of disease.

The past year has been one noted in this last, and has largely contributed to this the third and higher plane of medicine. The reader referred pretty extensively to the pathogenic microorganisms, and the work that had been done in bacteriology during the past few years.

The speaker went into greater or less detail as to the noxious qualities of certain bacilli involved in attenuation or transformation and substitution. In this he referred to the experiments of Pasteur and Koch, principally.

Referred to Section in Practice of Medicine.

Dr. Jno. S. Rauch, of Chicago, Chairman of the Section on State Medicine, read his address which began with the definitions of state medicine given by various authors, and in the consideration of this the speaker could not see how the prevention and the cure of disease could well be separated. The speaker concluded that state medicine may therefore be defined as the "connection of State with that branch of science which relates to the prevention, cure or alleviation of the diseases of the human body," the latter part of the definitions being that which Webster applies to medicine. The State regulation of medical practice and of medical education were next considered, and the speaker insisted upon the necessity of elevating the standard of medical education. The Association was requested to place itself upon record as being in favor of a term of study of four years, three of which are to be in a college with ample hospital practice and clinical instruction.

The advances and discoveries in preventive medicine were next considered. The registration of vital statistics is still in an imperfect condition. Four more State Boards have been established in 1885-86, there being now thirty such organizations. The work of the American Public Health Association was

highly commended, and its additions to sanitary science rated of the highest value. The German Cholera Conference was also alluded to, as also the International Congress of Hygiene.

The next subject considered was that of the cholera in Europe, and in conclusion the speaker spoke of the necessity of controlling immigration. He then took up the subject of advances in the prevention of disease, and stated, among other things, that the etiology of some common diseases such as diarrhea and diphtheria is still obscure, and consequently the preventive measures adopted have not been as efficient as they might have been.

In speaking of vaccination, the writer upheld the superiority of the humanized virus not too far removed over bovine in cases demanding promptness and certainty of action, concluding with the proofs of this cited in recent reports of the Illinois State Board of Health.

Referred to Section on State Medicine.

Dr. Garnett, of Washington moved a resolution that all the members urge upon their representatives to have Congress help to entertain the next International Congress.

The treasurer's report was read by the secretary. Balance, $378.39.

Each report shows an annual increase in the dues, due to the establishment of the *Journal.*

Dr. Dunglison very rightfully claimed a share of the credit in this success, his exertions having brought about a regular payment of dues. When the triennial list is published in 1887 it will be found that those whose names are erased will be such as paid last before the establishment of the *Journal.* The important fact of being in the publication business necessitated the prompt payment, and to meet in populous and accessible cities, where large accessions in membership occur. The amount of correspondence is enormous.

Referred to Committee on Publication.

The report of the Librarian stated that the increase was 232 distinct titles during last year. The total of titles is 2491 or 7030 volumes, 300 of which are unbound. An appropriation of $10 was asked for subscription to the *Index Medicus.* Adopted.

The report of the Committee on Publication was laid over until next day.

An amendment creating a Section on Dermatology and Syphilis was laid over, under the rules.

The Association then adjourned.

REPORT OF MEETINGS OF SECTIONS.

Section on Practice of Medicine, Materia Medica and Physiology.

Tuesday, May 4th.

We present abstracts of the following papers:

Etiology of Disease.

Dr. A. C. Haven, Lake Forest, Ills.

What is this mysterious force or entity which men call life?

"The Lord God formed man of the dust of the ground, and breathed the breath of life into his nostrils." This gives us the origin of life and we know as much of it as we do of any other force. Living matter presupposes antecedent living matter from which it came.

Living matter is heterogeneous, notwithstanding to the chemist and microscopist it appears homogeneous. The protoplasm of the elephant and man are identical, yet how different in development! and the fixed tendencies are not the result of chance but of law.

Theories have not been wanting to explain vital phenomena. The evolutionists believe that the fully formed body exists in the primitive cell or ovule, and that its development produces the mature individual or plant. Others believe in the theory of epigenesis. Hæckel believes in Perigenesis. Darwin formulates the theory of pangenesis. The ovule contains atoms from every organ of the parent and these simply develop, reproducing the original organic forms. Whether the theories be accepted or not, we must recognize that all vital phenomena are governed by law. All law tends to perfection.

The origin of all disease can be traced to external sources.

Many unsatisfactory causes are given for disease. "Exposure to cold." Has anyone seen the vaso-contractor and vaso-dilator nerves? Do sewer gas and decaying vegetables produce malaria? And what is malaria? What is the carcinomatous diathesis? Theory with a little smattering of science from which

to weave the fabric of the etiology of disease. All true science is based upon the Baconian system of induction, observing nature, collecting facts and deducing laws. What laws have been deduced? Have not hundreds left the profession, feeling that it was an incomplete science in the absence of laws? Where has there been more speculation and idle dreaming than in medicine?

There is a large number of diseases of whose etiology the profession are as ignorant as a savage in the heart of Africa. There is no satisfactory classification of disease. Richardson having probably the best.

I. Phenomena having their origin in causes which in one or other form are persistently present, are parts of the natural order of the universe, are inseparable from that order, and are therefore beyond human control—as temperature, earthquakes, lightning, etc.

II. Phenomena having their origin in causes which, though springing out of nature in some unknown way, and though difficult of control, are nevertheless under an improving knowledge "controlable." Under this class he includes the contagious, infectious and many hereditary diseases.

III. All disease due to old age.

IV. Phenomena of disease dependent on such causes as modes of life, and self-imposed acts of a person or a community.

Dr. Draper has observed that inhalation of ozone caused catarrhal symptoms. Does this chemical agent sustain a causal relation to disease? Shall the ozone which has been heretofore considered healthful, prove cause of disease?

Rheumatism and neuralgia frequently result from increased atmospheric pressure.

The cause of zymotic disease has given rise to more discussion than all else perhaps, and the theorist, having tired of all other theories—now turns to the germ theory which is looming into prominence despite the obstacles thrown in its way.

The author then ably reviewed the recent great work of Pasteur and other workers in the field of bacteriology.

Essential Vertigo.

BY DR. L. BREMER, ST. LOUIS.

Vertigo often falls within the boundary lines of health, and is transient in character, but it constitutes a well-marked disease, and rises to the dignity of a pathological reality if it is severe and persistent enough to interfere with the comfort or occupation of the patient. Essential vertigo (Nothnagel), described by others as idiopathic or simple vertigo, i. e., that form which occurs in the absence of a causal lesion, is generally met with in the neurasthenic. Prominent symptoms are the various kinds of phobias (agoraphobia, etc.) Essential vertigo is preeminently one of a mental hallucinatory kind, psychical symptoms constitute a prominent feature. Complications of sight, hearing or digestion frequently accompany the disease which must not, however, be confounded with aural ocular or stomachial vertigo. Neither pathology nor physiology have done much towards demonstrating the seat of the trouble; we cannot, as yet, speak of an equilibrial centre. The equilibrium in man is maintained by a complex nervous machinery composed of a number of afferent and efferent nerves and their cerebral and peripheral terminating apparatus. The chief motor centre is the medulla oblongata and the subsidiary and local vaso-motor centres play an important part in the production of vertigo. These centres are particularly unstable in the nervously exhausted or neurasthenics. The cerebellum is not, according to recent investigations the exclusive coordinating or equilibrial centre, but it is one of reinforcement of the motor impulses as they are transmissible from the psycho-motor area to the voluntary muscles. E. V. is generally brought on by a vaso-constriction in those arteries that supply the mid-brain, the recognized seat of the centre of equilibration. But this vaso-constriction is chronic and with this a more or less permanent irritability and instability of the equilibrial ganglionic cells is brought about. In advanced and confirmed cases the highest sensory impressions suffice to bring on the vertigo without the

vascular disturbance. The remote cause of E. V. is a neurotic disposition. The proximate causes are exhausting diseases, excesses of all kinds, the rays of the sun, overheated and badly ventilated rooms, indigestion, mental maladies, and, in a great many sections of the country, malaria. The last named disease constitutes a fertile soil for growth and development of all kinds of neuroses. Even after malaria is cured, the vertigo caused by it may persist. The seasons play an important part in the vertigo. Moderately cold winter months, May and June are the most favorable to the patient. The heat of the summer months is prejudicial to them. Therapeutic measures must be reconstructive in character. The food and clothing (wool) must be the chief objects in treatment. There is scarcely a case of vertigo without indigestion, usually nervous dyspepsia. Yet we can't call such a case one *a stomacho læso*, although the stomach, above all, has to be treated. Cold water is a useful and powerful remedy. Warm bathing and hot water are injurious. The bromides and quinine give temporary relief. Iron generally aggravates the trouble, although judging *a priori* it is indicated.

Vertigo patients are as a rule anemic. Arsenic is often useful. The par excellence vaso-motor remedies amyl nitrite and ergot seem to have no influence either on anemic or hyperemic vertigo. Electro-therapeutic measures have in my hands failed completely. The prognosis is good *quoad vitam* but bad *quoad valetudinam completetam.* Life is rarely compromised by essensential vertigo, and patients may grow old with it, but the constant alarm experienced by the patients may set up physical and psychical ailments of greater or less gravity. An ominous symptom is loss of memory and confusion of thought. It would be a comparatively easy task to successfully combat vertigo were it not for the fact that we have in most instances to deal with bad habits (alcohol and tobacco) unwholesome surroundings and adverse circumstances of a financial nature. However complete the success of treatment in a case may seem there always remains a tendency to relapse. Like the sword of Damocles vertigo hovers over the head of the predisposed, ready to descend on the victim when least expected.

A paper on Physiological Principles in Aid of the Circulation of the Blood was read by F. N. Huston of Rockland, Me., also on Antipyretic Doses of Quinine in Typhoid Pneumonia by O. T. Schultz, Mt. Vernon, Ind.

WEDNESDAY, MAY 5TH.

The papers on "Nitrate of Silver in Catarhal Jaundice," by Wm. Pepper, and "On the Treatment of Felon Without Incision," by L. Duncan Bulkley, New York, N. Y., were not read before the Section. A full abstract of the very excellent paper read by S. S. Laws, Columbia, Mo., on "The Life and Labors of Louis Pasteur," and that of Philip Zenner on "The Diagnostic Value of the Knee-Phenomena, or the Patellar Tendon Reflex in Diseases of the Nervous System," will occur in our columns at a later date. Volunteer papers were read by J. W. McLaughlin of Austin, Texas, entitled, "The cause of Dengue Fever," and by S. S. Todd, Kansas City, on "Treatment of Cholera," which will appear later on.

A paper on "Potassium Chloride," was read by A. J. Pattee, M. D., Boston, Mass. Nothnagel and Rossbach, in their treatise on Materia Medica, say that therapeutically potassium chloride is not used. No mention of its use is in the United States Dispensatory. Sanders recommended its use in epilepsy in place of the potassium bromide. Opinions vary as to its use in that disease, but it has its place. Potassium chloride closely resembles common salt in appearance. Formerly it was generally considered that the corresponding salts of potassium and sodium had the same physiological and therapeutical action upon the animal body; and that it was a matter of indifference which salt was used. Important and well-defined distinctions do exist in the two salts. The potassium chloride in the body is found in the tissues, cells and blood corpuscles, while in the fluids (the

serum of the blood, lymph and bile) we find almost exclusively sodium chloride. Arterial blood mixed with a dilute solution of potassium chloride becomes brighter than that mixed with a solution of sodium chloride. Potassium chloride in twenty-grain doses instead of sodium chloride three times a day after meals causes an increase in the muscular tissues and red blood corpuscles. Had used potassium chloride in many cases of anemia after other remedies had failed. In cirrhosis of the liver in commencing stage due to alcoholic excesses it has been found useful. Exudations after inflammation with effusion of lymph, particularly pelvic cellulitis, have quickly disappeared under its use.

In glandular enlargement it is also found to be useful. In stomatitis of pregnant women or from mercury it is equal in effect to the chlorate. In ovarian neuralgia and menstrual headache accompanied with wakefulness, this salt has given better results than the bromide or ammonium chloride. When combined with corrosive sublimate it is one of the best preparations for syphilis in use. The tinctura ferri chloridi is much improved in its therapeutic action when given with potassium chloride.

The next paper was on Clinical Aspects of Renal Cancer, by John A. Octerlony.

This paper elicited warm applause. The writer referred to the great variety of the disease, stating that Roberts had only encountered four cases in his experience. The great difficulty in diagnosing renal cancer was dwelt upon and the varying character of the clinical history, showing little similarity in any two given cases. Pain was not constant. Hematuria was perhaps present in a greater number of cases than any other given symptom.

Etiology.—It may be congenital from the reports given of one or two cases in which the disease occurred in children about twelve or thirteen months of age. Calculus had also been associated as a cause, and from its irritation was most probably an exciting cause.

The doctor pointed to the possible complication with floating kidney. External violence was a cause. It was apparently so in one of his own cases. Great variation exists in the time of development. Heredity was *barely possible* as a cause, inasmuch as only a single case could be found in which it was likely.

The disease predominates largely in males. Renal cancer may end fatally, without giving evidence of renal disease or without the slightest appreciable tumor.

Hematuria may be so profuse as to endanger life, or so slight as to require the microscope to detect it.

The tumors sometimes reach huge proportions, Roberts having reported a case in which the tumor weighed twenty-five pounds. In the author's experience the temperature was constantly more or less elevated, although cases occur in which the temperature was below normal.

Anemia is extreme, the patient dying from asthenia as a rule. The pressure upon the ileum sometimes produced constant nausea, but vomiting was exceedingly rare. Ascites was a very rare complication, but it did occur and was present in one of his cases.

Peritonitis was also recognized by some observers.

The diagnosis, for apparent reasons, was often impossible before death. The differential diagnosis between cancer of stomach, tumors of the spleen etc. was noticed.

The *treatment*, so far as therapeutics go, is essentially palliative; but surgery had achieved some brilliant, if not permanent, victories in this rare and interesting disease.

Thursday, May 6th.

"Pneumatic Differentiation, with Demonstrations with the Pneumatic Cabinet" was a paper presented by Herbert F. Williams, of New York.

After explaining the construction of the cabinet, the writer proceeded to state that in liew of the present theory of the Koch-bacillus as the cause of phthisis, the desirability of local treatment was apparent to all. Notwithstanding the scepticism of many as to the possibility of carrying medication into the air cells, he proposed to show that it could

not only be carried thither but could be condensed there. The lungs of a calf were used to illustrate the proposition, and while the material used could not be distinctly seen in the alveoli, it was plainly apparent in the very minute bronchial tubes. It was indeed the ONLY means by which this could be accomplished. The cold and somewhat stiffened condition of the lung tissue would account for the failure to force it into the cells. The surgeons had already demonstrated the wonderful tolerance of the serous cavities for the various antiseptic solutions. There is nothing in lung tissue to prohibit the use of these antiseptics, so far as known. While it was still uncertain as to whether Koch's bacillus was the cause, or a concomitant of phthisis, did not effect the desirabilty of local antiseptics. At no distant day, he confidently hoped to sterilize the lung tissue against the invasion of micro-organisms.

The character and degree of force was a matter for the most careful consideration.

Results sustain the first favorable reports given of the cabinet, and these come from competent observers in all sections of the country, showing that climatic influences could not account for improvement reported.

The value of the cabinet is in clearing up the diagnosis in many forms of pulmonary disease. In the recovery of pneumonia, it is often the case that patient dies from the sheer lack of ability to force pure air into the occluded cells; in such cases the cabinet is a means of saving life.

In ignorant or careless hands it is capable of deadly effect; but its greatest danger is in hands of the routinist. In order to keep this in the hands of strictly upright men and keep the quacks from preying upon the hopes and credulities of the consumptives, an advisory board has been formed with a proper man in the various medical centers, who will be empowered to accept or reject applications made for the instrument.

An epitome of cases, sent in by various physicians using the cabinet, showed favorable results.

In the contraction of tissue, from pleuritic effusion and phthisis, were its most brilliant fields of operation.

The paper was ably discussed by Dr. Ingalls of Chicago, Mulhall of St. Louis, and McCaskins of Indiana, as well as two other gentlemen whose names we could not learn.

Section on Surgery and Anatomy.

Tuesday, May 4th.

Dr. J. H. Ransohoff, of Cincinnati, reported a case of aortic aneurism, treated by insertion of wire, starting out with the assertion that this subject never fails to arouse the interest of the surgeon ; and, happily for the interest of our art, that he who is thus afflicted needs not, as a rule, longer consider himself an object of scientific interest solely, and can, at least with a fair prospect of a successful issue, rely upon one or the other methods recognized as *radical* in the treatment of this disease.

He also asserts that there are cases of aneurism which are not amenable to ligation or compression, and, notably those of the aorta. Described methods of treatment, including galvano-puncture, distal ligation, and the introduction of foreign material into the sac. It is the latter method which is adopted in this case, which will prove interesting and instructive. He here gives the history of a case of an individual treated at the "Good Samaritan" Hospital, Cincinnati. A man, moderate drinker, always enjoyed good health, free from syphilis, while rowing a boat, evidently contracted aneurism of the aorta.

Here followed a complete and succinct account and diagnosis of the case, indicating a sacculated aneurism of the ascending aorta, with perforation of the chest walls, unattended by atheroma or cardiac hypertrophy.

The treatment employed was restriction of diet, iodide of potash, and hypodermic injections of morphia with apparent benefit. This was dissipated two weeks afterwards by a severe spell of vomiting, during which there was an aggravation of symptoms. During the third and fourth weeks of patients stay in Hospital ergotine was given subcutaneously

without benefit. It was at this time that Loreta, of Bologna, reported his favorable case of aneurism of the abdominal aorta, giving a new impetus to Moore's method of treating aneurism. Considering this the only method to be employed, a straight hollow needle, with thumb screw attachment, was pushed into the aneurism from the right side. No technical difficulty; pain slight, during the introduction of the first four feet of wire; then serious symptoms appeared, after which reaction came on and the remainder of the wire (96 inches in all) was introduced.

No hemorrhage attended or followed the operation. Ice bags were applied to and over the sac, and opiates given. The patient appeared to improve from day to day for two weeks, when, on July 5, symptoms were aggravated. In the further hope of cure ninety-eight inches more of wire was introduced but on July 13 the patient was found dead in bed. The autopsy showed in the outer and upper third of the sac a firm, laminated clot, of considerable thickness. Throughout the sac of the aneurism, imbedded in firm and recent clots, numerous coils of silver wire were found.

Here follow comments on the case.

1st. Was the operation justifiable?

2d. To what extent did it imperil patient's life?

3d. Did it offer any prospects of radical cure?

4th. Do the cases hitherto reported, in which this plan has been applied, warrant its repetition?

The author answers:

1st. Yes.

2d. It did to a limited extent.

3d. He thinks it did.

4th. Justified by the literature of the subject.

The author closed with a history of various cases of this character and kind.

Dr. Wm. M. Mastin, of Mobile, Alabama, presented a paper upon Venous Blood-tumors of the cranium, of which further notice will be given.

A paper was read by Dr. Moses Gunn, of Chicago, on "The Value of an Attempt at Enucleation in a Neuroma Which Seems to Demand Resection of the Nerve." The details were given of a case of a very large neuroma affecting the ulnar nerve; resection of the nerve was to be performed. Upon cutting down to the tumor, however, an exploratory incision was made. It was found that it was enveloped by a distinct capsule, nearly half an inch in thickness, which was split and the tumor turned out. Dr. Gunn explained his effort at nerve-grafting in this case, which he resorted to in the second operation on it, in which he resected, and said that at that time he thought he was the originator of the procedure, but had since discovered that an eminent French surgeon had, a few years before, resorted to the same means to re-innervate the parts necessarily paralyzed by the operation. He had taken the distal end of the divided nerve, the ulnar, and grafted it into the median whose sheath he had divided, thus establishing a different route for the transmission of nervous influence. In speaking of the approximation and union of particular sensory and motor nerve fibres after resection of a portion of the trunk, he said it was a result which could not possibly be brought about, and that it was the machinery at either end of the fibre which determiued the kind of influence conveyed by it, and not the fibre itself. Said there was some restoration of the functions of the parts supplied by the ulnar nerve, both motor and sensory influences exhibiting themselves in them.

The paper by Dr. B. A. Watson, of Jersey City, N. J., was entitled "Fibre or Spindle-celled Sarcomatous Tumors," with the report of a case and presentation of a specimen. The author gave a diagnostic table of sarcoma of the breast and carcinoma. Presented specimen of sarcoma removed from posterior surface of thigh, the upper and posterior part of which tumor was deeply grooved by the great sciatic nerve.

The next paper was read by Dr. E. Andrews, of Chicago, and entitled, "Incision and Drainage of Lumbar Abscess." The

paper was discussed by Drs. Hamilton, Geiger, Miller, Ross, Byrd and others.

Section then adjourned.

WEDEESDAY, MAY 5TH.

Dr. Maclean read on Amputation at the Hip-joint for disease of that joint. The idea of the paper was to present the view that in cases of morbus coxarius, in which the femur was extensively involved, amputation at the hip-joint was often preferable, to excision, and left the patient in a better subsequent condition. Discussed by Drs. Dawson and Logan.

Dr. J. McF. Gaston of Atlanta, Georgia then read a paper on the "Surgical Relations of the Ileo-Cecal Region." No discussion directly followed, but was postponed until after the reading of the next paper, which was similar in its subject.

The committee appointed to report on the paper presented for honors, stated that it was not considered worthy of them, the subject be. ing Ununited Fractures and their treatment.

The section then proceeded to the election of a chairman and secretary for the ensuing year, which, after a wordy dispute as to the manner of balloting and nominating, resulted in the election of Dr. Henry H. Mudd of St. Louis as Chairman, and Dr. John B. Roberts of Philadelphia as Secretary.

Dr. Henry H. Smith of Philadelphia then read a paper on the "Proper Treatment of Penetrating Wounds of the Abdomen"' which was followed by the formal discussion, conducted by Drs. B. A. Watson of Jersey City, and E. H. Gregory of St. Louis. Dr. Watson who was supported in his remarks by Dr. John B. Hamilton, and Dr. Henry O. Marcy, favored the exploratory incision in penetrating wounds of the abdomen, citing as justification of the procedure the small amount of risk incurred, and the benefit of discovering absolutely the trouble. Dr. Gregory was opposed to the indiscriminate opening of the abdomen now so generally resorted to, and said that he thought it was only because it was easy of execution and brilliant in its report that it was so frequently performed. That he would look upon the symptoms presenting themselves as the pivot-point upon which turned the question of opening or not the abdominal cavity. The Section then adjourned until *two* o'clock to-morrow afternoon, the hour being set at two instead of *three*, on account of the length of the work.

THURSDAY, MAY 6TH.

Dr. R. N. Harvey Reid, of Mansfield, Ohio, read a paper on "Some of the Complications in Strangulated Hernia." Discussion postponed until after the reading of the next paper. Dr. Henry O. Marcy, of Boston, then read a paper on "Hernia, and the Best Methods of Cure," which was discussed by Drs. Quimby, Smith and Marcy. Dr. Marcy stated that in the radical operation for hernia he removed, in nearly all his cases, the sac, and closely united the edges of the opening by tendon suture, sewing over and over. Presented to the Section some specimens of tendon which he used in suturing, prepared from the tail of a kangaroo, and which he considered preferable to all others.

Dr. Charles A. Todd, of St. Louis, then read a paper: "How the Iliac Arteries Act as Valves Upon the Venous Flow Into the Inferior Vena Cava." In this paper the author stated the absence of valves in many of the cranial and thoracic veins was of little importance, but that he thought the arrangement of the inferior vena cava required one, and that the purpose of a valve in that situation was performed by the iliac arteries, which was placed in such a position relative to the vein, that when they expanded with the onflow of blood they compressed the vein to a considerable extent, thus supporting the column of blood above and equalizing its flow.

Dr. J. M. Barton, of Philadelphia, read a paper on "Vertical Extension in Fractures of the Femur in Children," in which he strongly advocated extension from above with the thigh flexed on the trunk, and small lateral splints. Discussed by Drs. Graham, Griffith and Link. Dr. Link thought that the best treatment of fracture of the femur was to flex the leg on thigh, the thigh on the abdo-

men, and rotate thigh outward, when perfect relaxation of all the muscles was produced.

A case of surgical interest was presented to the Section, and a committee appointed to examine it and report. The committee, after the examination, reported that it was a case in which what is known as "rider's bone," that is, ossification of the tendon of the adductor longus muscle, was broken by the rider being thrown forward forcibly upon the pommel of the saddle.

Interesting papers were read by Dr. Wm. T. Belfield, of Chicago, on "Digital Exploration of the Bladder;" by Dr. Robert Newman, of New York, on "Galvano-Caustic in Diseases of Prostate and Bladder and Urethra," with presentation of an instrument of his own for the purpose, and a paper by Dr. E. E. Glover, of Terre Haute, on "The Treatment of Anal Fistula Associated with Phthisis."

Section on Obstetrics and Diseases of Women.

Tuesday, May 4th.

Dr. Gordon, Chairman of the Section, trusted in the ready co-operation of the Section, and defined the governing rules.

Dr. William H. Wathen, of Louisville, Ky., read a paper on

"TREATMENT OF THE MEMBRANES IN ABORTION AND LABOR."

He called attention to the division of opinion on the best mode, the expectant and the non-expectant.

The subject is to be divided into three stages: the first being the first two months; the second, from the second to the seventh months, and from then to full term. In abortion, after the eighth week, the membranes should be removed after twenty-four hours or later if there be fear of hemorrhage or appearance of hemorrhage. Statistics speak in favor of early removal. He called attention to the danger of septicemia and hemorrhage by allowing secundines to be retained. In abortion, before the second month, the case should be left to nature. After that period the membranes must be removed unless the woman is in a state of collapse. Is radical in his treatment, and does not wait.

Dr. Fuller, of Maine, was favorable to the sentiments of the paper.

Dr. King also favored removal by active measures. Deliver with antiseptic precautions.

Dr. Reid, of Ohio, indorsed Dr. Wathen's sentiments.

Dr. Potter called attention to the indiscriminate use of Crede's method, massage, etc., and suggested that in using them that we should have some specific idea of what we mean to accomplish.

Dr. Hunter protested against intrauterine injections, unless very carefully made.

Some Observations on the Uterine Sound With Especial Reference to Its Use in Gynecological Therapeutics,

Was the title of a paper read by Dr. W. W. Potter, of Buffalo, N. Y. The writer called attention to the ancient armamentarium of the gynecologist. The sound is still retained, as an instrument of great value, and is of use in clearing up doubtful points in diagnosis. He called attention to the opinion of many that the irritation made by the sound has often been the cause of great damage. His experience has been that it should be very carefully used, and only in well-defined conditions. Of late years he has not used the sound often. He asserted that he had seen inflammation of all the pelvic organs follow the use of the sound. That abortions are caused by injudicious and unguarded use of the sound is notorious, and an argument against indiscriminate use of the instrument. It is impossible to get a correct idea of the condition of the pelvic organs thus alone. The well-educated hand and fingertips are absolutely essential in diagnosis.

Wednesday, May 5th.

A discussion on the paper of Dr. Potter ensued. Dr. L. H. Dunning, of Indiana, endorsed the views of the author and stated that the instrument is falling

into comparative disuse among the more careful; no instrument should be introduced into the uterine cavity except in case of neccessity; and further, that when so introduced, it should be manipulated with the utmost care and gentleness.

Dr. Hulbert, St. Louis, considered the use of the sound and similar instruments simply a matter of judgment. Dr. Reid, Ohio, thought the paper too extreme in its warnings. Dr. Miller, Ohio, stated that the dangers were overdrawn; that old inflammatory conditions were present in those cases where acute symptoms develop after the use of the sound, and other manipulations would arouse the same trouble.

Dr. Marcy's paper on Perineal Lesions and their Repair was then discussed by Dr. Gehrung, St. Louis, Wathen, Louisville. Dr. Marcy closed the discussion favoring his pin-method of repair.

Dr. F. H. Marten, Chicago, then read a paper on "Electrolysis in Gynecology." Dr. Van de Warker, New York, reported negative results with electrolysis. In one case of fibroids an abscess developed. Dr. Newmann, New York, depreciated the reckless use of electricity. Dr. Hulbert approved of the paper in its main points; the dose should be measured. He used the current in acute and chronic inflammations; reported a case of pelvic abscess, in which six applications caused the induration to disappear. Dr. Engelmann, St. Louis, detailed his practice. Minutes and not hours should be the time of application. Detailed a case of fibroids treated at his clinic with powerful currents with a rapid and happy result.

Dr. E. Gustave Zinke, Cincinnati, read a paper of "Puerperal Fever and the Early Employment of Antiseptic Vaginal Irrigations" of which an abstract will be published later.

Thereupon the section proceeded to elect its officers. Dr. F. N. Johnson, Kansas City, was chosen president; Dr. W. W. Jaggard, Chicago, secretary.

Section on Diseases of Children.

Tuesday, May 4th.

1. Diphtheria. By J. M. Dunham, Columbus, Ohio.
2. Treatment of Diphtheria. By DeLaskie Miller, Chicago, Ill.
3. The Non-Identity of Membranous Croup and Diphtheria. By J. M. Towles, Columbia, Tenn.
4. Why Diseases of Children should be made a Study by themselves. By Mary H. Thomson, Chicago, Ill.

At least fifty gentlemen interested in the departmeat of diseases of children were present at the first session.

The very interesting paper of De Laskie Miller, of Chicago, on Diphtheria was followed by a very excellent discussion. The chairman, Dr. Haggard, took a position in favor of the individuality of diphtheria and croup. His treatment of diphtheria was essentially tonic and stimulant and nutritive. Not too much of either of the two last for fear of overburdening the kidneys. Believed the disease was originally constitutional and the local expression followed the constitutional involvement. Believed tracheotomy was not resorted too early enough usually. Hoped very much from intubation. Was favorably impressed with the reports as given. Dr. Franklin, of Chilicothe, O., Dr. Briggs, of St. Louis and Dr. Pierson, of Louisiana, related cases and endorsed the paper of Dr. Miller.

Dr. Pierson spoke strongly in favor of the local use of solutions by chloride of sodium.

Dr. I. N. Love, of St. Louis, desired to put himself on record as in favor of the specific germ being the cause of the disease, his treatment being antiseptic, germicidal, broken doses of calomel, and infinitesimal doses of bichloride of mercury ($^1/_{100}$ gr. every two hours). No quinine, little iron, and positively no chlorate of potash. He did not need to see the reports of Von Meering to convince him that chlorate of potash was sometimes dangerous when used internally, and, as a

local application, very decidedly preferred Listerine, well diluted.

A number of lady M. D.'s were present, and listened attentively, but did not participate in the discussions.

WEDNESDAY, MAY 5TH.

The paper of Dr. Mary H. Thompson, of Chicago, with the title "Why diseases of children should be made a study by themselves" was read, and elicited earnest discussion. It was an interesting and instructive paper.

The attendance was not large and the election of officers occurred at 5.30 o'clock. Nominations were spiritless. Professor De Laskie Miller of Chicago, was beaten for the chairmanship of the section by Dr. Mary H. Thompson, of Chicago.

The very efficient, obliging and courteous secretary, Dr. W. B. Lawrence of Batesville Ark. was re-elected.

The chairman, Dr. Haggard, shows at each successive meeting additional evidence of his fitness for his present position. The manner in which he draws out the interesting points and encourages the diffident ones is charming.

THURSDAY, MAY 6TH.

Discussion was mainly devoted to prophylactic measures against disease and participated in by Dr. Lewis, of Chicago, Dr. Alleyne, of St. Louis and Dr. Jones, of Danville, Ill. Dr. Mary Thompson, of Chicago, who was yesterday elected chairman (?) of the section, gave evidence of her good judgment and fine womanly taste in declining the honor. Dr. DeLaskie Miller, of Chicago, was elected to the vacancy by acclamation.

This action was certainly in the direction of the best good to the section.

SECTION OF ORAL AND DENTAL SURGERY.

TUESDAY, MAY 4TH.

Dr. John S. Marshall Chairman, Dr. A. E. Baldwin, Secretary.

The Chairman called the section to order and announced the first paper to be read which was by Dr. E. S. Talbot of Chicago—Pyorrhea Alveolaris. The Doctor took the ground that it was not a local disease and would yield to local treatment, stating that ninety-five per cent of patients over 25 were more or less afflicted. Stated that the local causes were tartar, artificial partial dentures, tobacco, drugs, fillings under the gum, etc.

The St. Louis Dental Society, and the Dentists of the city, were given the privileges of partaking in the discussions, Dr. Atkinson New York stated that the disease, Pyorrhea Alveolaris was a local manifestation of a systemic disturbance and must be treated locally and with systemic tonics.

Drs. Taft, Cincinnati, Williams of Boston, Alport, Chicago, Conrad, St. Louis, took part in the discussion. Subject passed.

NECROSIS, by W. H. Atkinson, was the next paper read which was discussed by Dr. Taft and others, after which Dr. Atkinson gave a minute description of Sponge Grafting, stating that he sterilized his sponges in a solution of Bi. Chlor. Mer. 1 gr. to aqua 1℥ heated to 130 to 164 degrees, F. and kept it in the solution in a sealed vessel. The doctor stated that 300 copies of his paper on Sponge Grafting would be at the disposal of those who might be interested, by tomorrow's session, as he would place them in the hands of the Chairman previous to that session.

On Wednesday, Dr. Morrison St. Louis, will read a paper on Transplantation, history of an interesting case.

Superior Third Molar discharged from the Nasal Passage.—By John S. Marshall. Dr. J. Taft: Subject not stated.

WEDNESDAY, MAY 5TH.

The first paper read was by Dr. John S. Marshall, Chairman of the Section. A Superior Right Wisdom Tooth Discharged from the Nasal Passages; with remarks. The patient suffered intensely from what she supposed to be a severe cold in the head. Attacks of facial neuralgia and otalgia had been so frequent during the past ten years, that she had become quite disheartened. The right nostril became slightly swollen and completely

obstructed. The patient made an unusually great effort to relieve the nostrils and felt something fall upon her tongue which, proved to be a large right superior wisdom tooth covered with fetid pus, which, being washed, showed the tooth covered with brown roughened calculus. The patient had been troubled about twenty-five years before by a swelling of this jaw, which passed away. After the discharge of the tooth all symptoms of catarrh disappeared. The patient was 62 years of age. The doctor also gave a history of a case, supposed to be bronchitis, that proved to be caused by an impacted wisdom tooth, which, being extracted, relieved the trouble.

Dr. Taft being called upon to give his thoughts regarding throat troubles produced by impacted or encysted wisdom teeth,gave it as his opinion that such teeth were frequently the cause of throat troubles. The subject was discussed by Drs. Crawford, Morrison, Keith and Jocelyn. Dr. John S. Marshall was nominated as chairman of the Section for the ensuing year, and Dr. E. S. Talbot, Secretary.

Transplantation of Teeth, by Dr. W. N. Morrison, was read, being the history of the transplanting of a right lower canine from its socket to that of the superior left central incisor,the tooth being contoured with platinum gold to make it resemble the shape of an incisor, thus relieving the patient from the necessity of wearing an artificial denture.

The subject was discussed by Drs. Talbot, Taft, Allport.

THURSDAY, MAY 6TH.

"The Relation of Syphilis to Dental and Oral Surgery," by Prof. G. F. Lydston, of Chicago. He stated that the time had long since passed, when an apology was due for bringing a subject of general surgery before a convention of dental and oral surgeons. Dental and oral surgery has of late years come to be recognized as a specialty of general surgery, and most justly so. The progressive dentist of to-day is earnestly striving to attain all the qualifications necessary to the true specialist who has been so aptly described as a practitioner "who knows something of everything and everything of something." The doctor of dental surgery of the present day is likely to be, and the progressive dentist of the future must be a pretty fair doctor of medicine. There is, perhaps, no general disease which figures as a more important factor in dental and oral practice than syphilis. The oral symptoms of the disease are, nowadays, the most important of all the local manifestations which characterize its active period. The patient who would go through a course of syphilis with a minimum of suffering, will place himself in the hands of his dentist, to have the tartar removed, cavities filled, and sharp, rough surfaces removed to prevent irritation of the tongue and mucous membrane. With the teeth or gums in bad condition the patient is usually so intolerant of mercury that he can not take a sufficient quantity to benefit his syphilis. He cautioned against carelessness in the use of partially cleaned instruments ; so widely disseminated is syphilis that one cannot be too careful. A lesion so small as to escape notice may give rise to a highly contagious secretion. Carbolic acid, full strength, was recommended as the best disinfectant to destry the secretion on the instruments, both before and after using. The extreme cases described by Hutchinson are not fair criteria of the effects of syphilis upon the teeth as seen in dental practice; lesions severe enough to cause such markings will end the life of the child before it is one year of age.

The primary lesion of acquired syphilis very rarely occurs within the mouth, therefore the dentists will seldom meet with them. The oral symptoms of the secondary or active period of acquired syphilis are of vital importance to the dental surgeon by virtue of (1) their contagiousness; (2) their liability to be mistaken for innocuous lesions; (3) the prolonged period during which they are apt to be developed, at any time and often without the patient's knowledge; (4) the necessity for nearly all syphilitics to consult their

dentist sooner or latter during the active period of syphilis.

The lesions are: (1) Excoriations or erosions and fissures; (2) mucous patches and tubercles; (3) early ulcerations; (4) late ulcerations superficial or deep; (5) early and late bone and periosteal lesions. The paper was discussed by Drs. Taft, Williams, Allport and Haines.

A vote of thanks was extended to the doctor for his able paper.

Section on State Medicine.

Wednesday, May 5th.

The section came to order with Dr. John H. Rauch, of Springfield, Ill., in the chair. Prof. Millard, of Stillwater, Minn., acted as secretary, in the absence of Dr. F. E. Daniel, of Austin, Tex. "A New Method of Life Insurance, or Our Financial Relation to the Community,,' was read by Dr. Woods Hutchinson, of Des Moines, Io.

Dr. G. S. Franklin, of Chillicothe, O., read a paper entitled "Purified as if by Fire" after which a paper on the "Evils of Alcoholism" was read and presented by a member of the W. C. T. U.

The session closed with the election of officers for the ensuing year, resulting as follows: Chairman, George S. Rohé, Baltimore; secretary, W. Wyman, U. S. M. H. S.

Thursday, May 6th.

A resolution was carried recommending a course of hygienic study in public schools, covering the question concerning the use and abuse of alcohol, etc., and urging the passage of the Senate bill, now before the House of Representatives, ordering such instruction in schools under federal control.

An animated debate was called forth by Dr. J. M. Keller, Hot Springs, who brought up the report of the committee on cremation, referred from the general session, and urged its adoption. He argued that incineration should be indorsed by the association as a sanitary necessity, and he disclaimed any social or æsthetic feeling regarding it.

Dr. Rohé, Baltimore, differed from the report, arguing that there were no sanitary grounds shown in favor of cremation.

Dr. Reamey argued that cremation had never been proved to be a sanitary necessity. He quoted eminent authorities to prove that actual experiment has disproved the theory of pathological germs being diffused owing to earth burial, and argued that decomposition destroyed the germs even in case of typhoid. The doctor argued that the earth was the best of all disinfectants, and he thought that cemeteries ought to be reformed rather than closed.

Dr. John Morris, Chairman of the Burial Committee of the American Public Health Association, indorsed the report, but recommended that compulsory incineration should be restricted to deaths from zymotic diseases.

Dr. Sharp, Ohio, thought the committee should pause before declaring that cremation was a sanitary necessity.

Dr. Marvin, Kentucky, said the section would make itself ridiculous if it asserted that cremation was now a sanitary necessity in this country, and pointed out the dangers that would attend the carrying of bodies of infected persons to county and state crematories.

Dr. Keller said cremation would be of economical advantage to the poor, and argued that history proved the dissemination of disease from disturbed cemeteries.

Dr. Weaver, Pennsylvania, quoted Dr. Frank Hamilton's evidence before the New York Academy of Medicine to the effect that the New York cemeteries have never been the means of communicating disease.

Drs. Warren, of Boston and Franklin, of Ohio, argue in favor of cremation.

Dr. Morris, of Baltimore, moved that the section should recommend the cremation, as far as possible, of the bodies of persons dying from infectious diseases.

This was not carried.

Finally, the report was referred to a committee of the section for consideration and report; and it was also referred to the publication committee.

Other business having been transacted, the session terminated.

SECTION OF OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY.

TUESDAY, MAY 4TH.

DR. JACKSON, of Philadelphia, read a paper on Retinoscopy (shadow-test) for the detection of ametropia. He recommends for this method a flat mirror of a diameter of one inch and a half. He thinks it especially adapted for the detection of astigmatism and, furthermore, in the examination of unruly patients and in nystagmus.

In the discussion of the subject the main point elicited was, that retinoscopy is especially adapted to quickly determine the existence or non-existence of astigmatism of high degrees of hypermetropia and myopia combined with astigmatism.

The discussion was participated in by Drs. Fryer, of Kansas City, Johnson and several others.

The second paper was read by Dr. Dibble, of St. Louis, introducing his perimeter, for which he did not exactly claim originality, yet he offered it as an improvement on Foerster's, which it resembles very materially, being, however, lighter and cheaper and having a registering plate.

After a recess for the inspection of the very neat instrument which costs only $50 in a proper box, an animated discussion took place upon the merits of the instrument. It seemed to be considered by most of the gentlemen to have peculiar advantages, while others stated thst they could hardly see them. It is said to be almost exactly like McHardy's, of London, which was better, however, having a good registering apparatus and a good face rest.

With regard to McHardy's instrument, Dr. Dibble stated that it ought to be called Stevens' instrument, since he knew that McHardy had stolen it from Stevens.

The discussion was participated in by Drs. Thompson, of Indianapolis, Coomes of Louisville, Reynolds, of Louisville, Hazen of Iowa, Alt of St. Louis, Webster Fox of Philadelphia.

Dr. Wm. Porter read a paper on Practical Points in the Treatment of Diphtheria, which will appear in a later number. It was followed by full and free discussion.

WEDNESDAY, MAY 5TH.

The first paper of this afternoon's meeting was one read by Dr. Bishop, of Chicago, on the good effects which perforation of the membrana tympani had had in a large number of cases at his hands. Even in cases of labyrinthine trouble he had succeeded in improving the patients by the use of electricity combined with perforation of the drumhead. The cut he made lay either in the lower anterior quadrant, or even began at the upper anterior quadrant and went through the lower anterior into the lower posterior quadrant of this membrane.

In the animated discussion following the paper a great many of the members took a part, but none of them were able to bring similar experiences before the society.

Dr. Fletcher Ingals, of Chicago, then reported a very interesting case o removal of a large pharyngo-laryngeal fibroma. He particularly dwelt upon the value of the wire snare in similar operations.

Dr. Chisholm, of Baltimore, stated that since he had used cat-gut for the similar purpose of removing polyps from the ear, he did not think wire half as useful.

On motion of Dr. Savage, Dr. Chisolm was then requested to make some remarks on iridectomy. He stated that he had got a statement from Dr. Michel, of this city, which had startled him, namely: That he did no longer bandage nor confine patients after iridectomy or extraction had been performed, and that his results were better than before. No statistics were brought on to prove the statements. The discussion brought about some rather severe criticisms on such action, and it seemed to be the feeling of the majority that to let well enough alone was wiser.

Dr. Thompson, of Kansas City, reported a case of exophthalmus with no appreciable

cause, although the orbit was under ether examined with probe and syringe.

Dr. Alt then showed to the section Dr. H. Culbertson's Prisoptometer for the detection of ametropia of all kinds. He stated that the few trials he had been able to give the instrument had convinced him of its usefulness, especially with children, and he thought he could recommend it. He further added that the instrument could be bought for $15 without and for $25 with stand of the Geneva Optical Company, Geneva, N. Y.

The doctor then read a paper on some points in the management of trachoma, which was amply and very instructively discussed.

The last paper was read by the President of the section, Dr. Eugene Smith, of Detroit. It referred to the successful transplantation of rabbit's conjunctiva into the conjunctival sac of a patient for the cure of symblepharon.

The discussion was cut short by the lateness of the hour.

Many of the members then examined and discussed the prisoptometer of Dr. Culbertson.

THURSDAY, MAY 6TH.

Dr. Murrell, of Little Rock, reported an interesting case of foreign body in the eye-ball. The discussion, which was very animated, drifted into the subject of sympathetic ophthalmia and evisceration as a substitute for enucleation. Finally Dr. Frothingham, of Ann Arbor, moved something as follows: "That this section give it as their opinion that evisceration is an unsafe operation as regards sympathetic ophthalmia, and is not to be substituted for the latter. Drs. Alt, Thompson, Jackson, Hazen and several others protested against the adoption of such a motion, although they all agreed with its sentiments. It was then laid on the table for one year.

Dr. Dickinson, of St. Louis, reported an interesting case of pemphigus of the eye,

Dr. Frothingham thereupon read a paper to show that in his experience the instillation of cocaine had never caused bad effects, and that he considered it the best anesthetic in ophthalmic surgery. The opinion was concurred in by most of the members present.

—HOMER JUDD, M.D., D. D. S., of Illinois State Board of Dental Examiners visited the Convention.

—Important from Hot Springs.—A friend of ours went to the Springs for change and rest. The waiters got his change, and the hotels the rest.

—DR. CARVER prefers plugging glass balls with lead to plugging teeth with gold.

—Dr. W. B. Outten, of St. Louis, the king-pin of the railway surgeons, beams with good nature, and wants all to visit his pride and jewel, the Missouri Pacific Railway Hospital, at California and Lafayette Aves.

—We acknowledge the pleasant call at our sanctum of Dr. Deering J. Roberts, of the "Southern Practitioner", and Dr. W. D. Haggard, Chairman of the Section on Diseases of Children, both from Nashville, Tenn., and of Dr. Thomas Summers, of the "Florida Medical and Surgical Journal." Now, that we have met, our hopes are that our paths may cross again.

—Dr. C. Hill, Pine Island, Minn., and Dr. John Flood, Mantonville, Minn,, also paid their respects to the REVIEW, and express their appreciation. Dr. Flood has been a subscriber to the REVIEW since its inception. Thanks!

—We had the pleasure of meeting Dr. B. A. Watson, of Jersey City, the author of a fine monogram upon Amputations. We find the doctor an agreeable and pleasant gentleman. He announces that he has a work on "Railway Shock to the Spine," in preparation. This is valuable.

—Dr. Linck, of Indianapolis, surgeon to the I. and St. L. and Pennsylvania Central R. R., is among us as a delegate. The doctor is prominent in his line, independent in thought, and progressive in action.

—Among the delegates from Texas we find Dr. C. J. Barts, consulting surgeon to the Fort Worth Hospital, Missouri Pacific Railway. The doctor's geniality and ability have made him known beyond the bounds of Texas. He is a good worker.

—Dr. G. Holland, assistant chief surgeon Missouri Pacific Railway, is a delegate to the A. M. A. He is widely known in the far West as a fine surgeon, and thoroughly en rapport with all progressive work.

—Dr. H. A. Morehouse, of Danville, Ills., we see in attendance at the Convention. He is in charge of the W., St. L. and P. Hospital at his city. Antiseptic surgery is his favorite theme and the success in its application has made his hospital popular in Illinois and Indiana.

—Dr. N. M. Baskett, local surgeon of the Missouri Pacific Railway and W. St. L. and P. R'y, at Moberly, Mo,, is around the corridors in his usual good vein.

—Dr. Brooks, of Carthage, local surgeon Missouri Pacific Railway, is looking up his many friends. You should try to meet him.

—Among the delegates is Dr. Higgins, of Peru, who has the hospital of W. St. L. and P. Railway at that point under his conscientious care.

—Emil A. Becker, the indefatigable postmaster of the American Medical Association, says he can feel the pulses of a thousand delegates a day, and never accelerate his own in the least degree.

—Dr. Amos Sawyer (*Weekly Medical Review*) maintains the following dogma: "Craniotomy is legalized murder, and nothing less, and with our present surgical knowledge in the country is unnecessary and uncalled for." He believes the Pope should be obeyed. (*American Lancet.*)

—Dr. Philip Zenner, of Cincinnati, is here making acquaintance of the neurologists from all over the country.

—Dr. N. S. Davis, is looking remarkably well now in spite of his recent illness. May he continue for many more years to aid the officers of the Association with his prudent counsels.

—Dr. Willis P. King, of Sedalia, has visited our sanctum. We would be glad to keep him at hand continually. We should then never be at a loss for a good note.

—Dr. J. J. R. Patrick is attending the Kansas State Dental Association.

NOTES AND ITEMS.

"A chiel's amang you takin' notes,
And, faith, he'll prent 'em."

—Some pharmaceutical replies.—What is ergot. A species of rye over which a streak of lightning has passed.

—The average druggist with good bottle washing ability, when turned out of the College of Pharmacy fancies himself a doctor with all that the term implies, capable of coping with almost any disease, not realizing that it is his business to sell doctor's implements, and not his business to "rush in where angels fear to tread" and apply them promiscuously.

—A handsome, well edited contemporary comes to us in the "Medical Press of Western New York." The April issue contains a valuable article on Cremation, by Dr. Charles Cary, the president of the Buffalo Cremation Society. An article on Contagious Infection in Surgery, credited thus, "Annals of Surgery" ("W. M. Review"), is an editorial that appeared in the REVIEW of Nov. 14th, 1885, and was subsequently published in the "Annals of Surgery."

—Vaccination Episodes.—A Maine doctor who weighs 200 pounds, had stirring adventures, while stationed as a sanitary inspector on the Canadian frontier, He writes to the "Lewiston (Me.) Journal":

"The nearest railroad station was at Lake Megantic, twenty-eight miles away. I built a log cabin and constructed a gate across the road. No man went through that gate without being vaccinated. I had to deal with a rough class of men, and had some scrapes that would read like a dime novel. My two assistants, a rifle, a revolver, a Newfoundland dog, and a suit of clothes with brass buttons, which I procured after I'd been there awhile, helped me out. You see nobody lived near, and I had no moral support. I had to rely wholly on my display of physical force.

"Soon after we were established we went down to Gordon's camp, and in one day vaccinated every man of the eighty employed there. They rebelled against it, but we made no talk with them, going through them like a flock of sheep. Several days afterward, word came up to me that a crew was coming from the camp to tear down my cabin and send me home. Some of the men's arms had swollen and become exceedingly sore. I went down to the camp at once, and found a mutiny impending. Many of the men were sick and angry. Several of them were laid up and suffering severely. I explained the nature of the trouble to them, and told them that if they kept calm I would relieve them of their pain. With the help of morphine I was able to prevent the rumpus. I tell you it was an excited crowd. They were afraid that all of them would be taken down.

"A burly Scotchman swore he would pass my station without being vaccinated, one day. He was one of a dozen desperate fellows. I had a pitched battle with him at last, and actually vaccinated him with my foot on his windpipe. Meanwhile my assistants kept off the others with a gun. We stuck the quill into every one of them."

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REPORTS ON PROGRESS.

DERMATOLOGY AND SYPHILIS.

BY W. G. MOORE, M. D.

I. TINEA CIRCINATA. (RINGWORM OF THE BODY).

II. TREATMENT OF FURUNCLES.

III. TREATMENT OF ITCH.

IV. INCUBATION PERIODS OF SYPHILIS.

Some weeks since a married lady came to consult me for an eruption seated upon the back of the neck, extending downward almost to the hips, and pretty generally covering the entire back.

Upon examination, the first spot that came into view was about the size of the palm of a man's hand. It was red, raised above the surface, and had the shiny appearance of erysipelas or eczema.

The constitutional symptoms of the first, nor the itching, burning sensation of the latter being present, I had to look further for an explanation, which I soon found in a number of small, red, scaly slightly elevated spots, one or two of which had already begun to clear in the centre and assume a distinctly annular form. These one or two rings were sufficient to explain the condition to make a diagnosis.

I have given this much of the description of this case, not because there is anything peculiar in, or different from, what may be seen early in the commencement of an attack in a patient possessing a thin and easily inflamed skin, but simply to call attention to the liability of an error in diagnosis in similar cases—unless a thorough examination be made, and as much of the patient's body be exposed to view as propriety will admit of. Again, the unusual size, and irregular shape of the first spot which was seen, would not lead one to suppose that he was encountering a disease whose lesions are described as being about the size of a "silver quarter dollar and possessing a distinctly annular form." Without having seen the one or two characteristic spots, (which were down near the waist bands of her skirts), I must needs have guessed at the diagnosis, or waited further developments

The explanation of the unusual size and irregular shape, as well as the edematous, shiny appearance of the patch referred to, may be found in the large aggregation of the parasites (Trichophyton) upon this particular spot and the naturally sensitive skin of the patient.

Local treatment alone was necessary for the complete cure of the case; and in this instance was most satisfactory.

It consisted in the application of an ointment of sodium hyposulphite ʒj to the ounce of lard. Within a week the disease was practically cured.

I would strongly recommend this application, because of its efficiency, simplicity and cleanliness. Lard is preferable to vaseline, inasmuch as it is more readily absorbed.

We conceive it the duty of every physician to make the external applications first as agreeable both to the senses of sight and smell as is consistent with their therapeutic efficiency.

II. If any one imagines that boils are of little or no consequence, so far as therapeutics is concerned, or that there are not still some among us who believe that in "union there is strength" — therapeutically speaking — they need only read the following article contributed to the "*Gazette des Hospitaux*"

by M. Hardy. He says both local and general treatment are necessary.

Locally he uses. 1st, poultices of rice flour, or bread and milk, but *not* flax seed meal, (does not say why) and repeated bathing; 2nd, maturatives, such as onguent dé la mère (composed of olive oil, lard, butter, suet, yellow wax, litharge and pitch), unguentum digestivum, ungt. styrax, adhesive plaster, or emplast hydrarg de Vigo. He *does not open* the boils except when they take a slow course. He believes that there is no use in trying to abort the boils by the use of tr. iodine, nitrate of silver, etc., etc.

For internal medication against the furunculous diathesis, he advises the use of tar water with the meals, oil of cade in pills or capsules, sodæ bicarbonatis ʒj before meals, alkaline waters and Fowler's solution. Attention to hygiene is of the most importance.

[And all of this from an esthetic Frenchman! We must confess to a belief that M. Hardy felt in a jocular mood and determined to see how huge a joke he could perpetrate upon the *Gazette dés Hospitaux.* If not, this is certainly the most complex treatment for "a bile" we have ever encountered—and just such treatment as has brought rational therapeutics into disrepute among a large class of the community.

Imagine a patient seating himself at meals upon two or three large boils on the tuberosites of the ischii, with as many on the back of the neck, with his pitcher of tar water, his mineral waters, and his teaspoonful of soda and Fowler's solution all arranged about his plate—and then imagine, if you can, what has become of that very essential factor in his recovery—the appetite.

This prescription may be indeed a cure for boils, but it ought to be guaranteed to do it in the first twenty-four hours, for after that I wot that not one in fifty patients would be willing to try it a second time.

Then to think after advising all this, he winds up by saying, the attention to hygiene is most important of them all.

I believe it is generally conceded that furuncles have their etiology in the lowered vitality of the patient, and that no remedy possessing anything like specific properties has ever been recognized by scientific physicians.

Clearly then, in the light of what etiology and pathology we have to date, the rational treatment of boils consists in the judicious administration of the well known constructive remedies (arsenic, iron, quinine and cod liver oil), together with such hygienic observances as are consistent with good health under any circumstances, whatever the devitalizing cause may be.

I am aware that the various forms of calcium have been receiving considerable attention at the hands of competent practitioners, but their results are as yet too immature to base a conclusion upon.

As to local treatment, I feel assured that carbolic acid affords us a valuable means by which the natural duration may be shortened, and the suffering and inconvenience materially diminished. Also, that when used early enough, many boils may be aborted.

The manner of using it which has given me most satisfaction is as follows: As soon as the site of a boil is known from the pain and redness, (which are its forerunners), put one or two drops of pure carbolic acid directly upon it, and in many instances there will be no further development.

If, on the other hand, the tissues are already indurated, tender and swollen, time for aborting has passed, and it then remains to mitigate the symptoms as much as possible, for the patient's relief.

For this purpose an ointment consisting of ℞ acidi carbolici gr. x–xxx, ungt. oxidi. zinci ʒi. M., with which the boil is kept covered, has given material assistance in this painful affliction.

There are undoubtedly many things to be learned from our foreign confréres, but the treatment of furuncles is not one of them.

III. Comersati recommends the following treatment of itch as the most simple and successful of any other known heretofore. Sodium hyposulphite 6¼ oz. is dissolved in a litre (O ij) of water, and the entire body before retiring is treated with this solution. On the

following morning the body is treated with a solution containing 50 grams (2 oz.) of hydrochloric acid in a litre of water. The explanation of this treatment is very simple: sulphur in a state of very fine division settles in the pores and remains there for a very long time; sulphurous acid and chloride of sodium are also formed. These two results of this reaction are both toxic to the acarus, and the affection is usually cured by a single application. [*Journal Cutaneous and Venereal Diseases.*]

PRURITUS VULVÆ.

Dr. Julien gives the following for pruritus vulvæ:

℞ Acidi salicylici, 1 gram.
Zinci oxidi,
Glycerini amyli, aa. 25 grams.
M. Apply as needed.
—[Paris letter in *Phila. Med. Times.*

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IV. Everything pertaining to the natural history of syphilis is of as much interest today as at any time in the past.

Some of the most generally accepted theories are being questioned, and in the minds of many, overthrown. It has not even been determined whether the two initial lesions, chancre and chancroid, are identical or non-identical in their contagious element, nor whether the presence of the hard or true chancre is indisputable evidence of constitutional syphilis. Some, believing that it is not necessarily so, advise the excision of the sore, as tending to prevent the constitutional disease. Men of equal facilities for observation both affirm and deny that it is an impossibility for the soft chancre to produce any but local disease, and declare that in those cases where constitutional symptoms have followed upon what, to all intents and purposes, seemed to be only a chancroid, the true chancre was always present, but so masked by the presence of the chancroid as to escape detection. Of course this is an entirely unanswerable argument, and at once resolves itself into the Katy did style of "It is and it isn't."

This very fact explains why it is that so little of fact is generally accepted concerning a disease which has been a subject of study by the best minds of the medical profession for a longer period than any other single disease, perhaps. The fiat goes forth in some work of authority that a given theory has been proven to be a fact beyond dispute, and just about the time the general practitioner begins to congratulate himself that there are at least two facts established concerning this omnipresent disease, some doubting Thomas rises up and declares that just the opposite are the real facts in the case.

The relation of syphilis to marriage is undoubtedly the most interesting and practical phase in which it is presented to the physician and his patients; and, apropos of this fact, Dr. Fessenden N. Otis has written an article on "The Limitation of the Contagious Stage of Syphilis, especially in its Relation to Marriage." (*Journal Cutaneous and Venereal Diseases.*)

After reviewing the microscopic investigations of Burdon Sanderson, Beale and Chauvean a quarter of a century ago, which resulted in the discovery of the disease germs of variola, vaccinia, the cattle plague and relapsing fever and it being determined that a living germinal cell was the starting point in each of those diseases; Beale claimed in addition that another germinal cell, with properties and powers identical with those of the white human corpuscle, was the starting point in syphilis; and also asserted that this cell was directly descended from degraded cell elements of human origin. "Hence with nothing but its morbid activity, its increased capacity for proliferation, to distinguish it from the normal cell element, it is not surprising that Beale should have failed to demonstrate his theory through microscopic investigation."

Dr. Otis then took up seriatim the discoveries (?) of Biesiadeski, Cohn, Cornil, Salsbury, Klebs, and lastly the bacillus of Lustgarten, which, he says, have been relegated to the long list of failures by the experiments and investigations of Cornil, of Paris. The baccillus in question, while frequently found associated with syphilis, was, by no means

characteristic of that disease, inasmuch as it is also found in the smegma of the prepuce, pudendum, and about the anus, in persons not having syphilis.

"It will thus be seen that the disease germ of Beale (degraded white cell) is the *only* one now in the field which demands consideration as the contagium of syphilis." "Although not strictly germaine to our subject, permit me, in the first place, to call your attention to the important fact that it is through the recognition of the proliferation of cells, as a characteristic feature of the initial lesion of syphilis, that we are enabled to set at rest, once and finally, the long disputed question of the unity or duality of syphilis. Through this view, it will be seen that syphilis is a disease essentially of growth, destruction of tissue, occurring only as the result of overgrowth, through which the vessels of nutrition of the part are obstructed; while in chancroid, the process is a destructive one, *per se.* Syphilis may, and often does, go through *all its* stages in a characteristic manner, without a single breach of tissue, while chancroid is always and only a destructive process."

So much for the history of the microscopic research for the true virus of syphilis, and the author's views as to the duality of syphilis. What follows in this admirable paper is of such interest and importance to physicians everywhere that I shall quote for the most part the author's well chosen words to express it. He says: "In whatever consists the true contagium of syphilis, one important fact in relation to it IS WELL PROVEN, namely, that it is contained in the substance of the initial lesion or chancre, and the lymph channels and glands in immediate relation thereto, and that, as a rule, for a period of at *least eight weeks*, it is confined between this point and the general blood current."

Practically, then, it is thus shown that, the disease being limited to the initial lesion and its immediate vicinity during the first two months after infection, syphilis may, up to such period, be claimed as a local and not a constitutional disease."

I wish especially to emphasize this last paragraph by calling attention to the emminence of the author, his vast opportunities and capabilities for observation and research, as well as his reputation as a writer of truth. In consideration of these facts the opinion of Dr. Otis upon any subject touching upon the domain of syphilis must necessarily carry great weight and furnish food for most serious reflection.

Now what is the real import of the teaching set forth in this paper? It is briefly this: That the real contagium of syphilis is the degraded white cell of Beale. That when the virus enters the integument of a person who is free from syphilis, it does not at once enter the blood current, thus poisoning the constitution, but for a period of at least eight weeks remains purely and essentially a local disease confined to the chancre or its immediate vicinity. We must conclude from this assertion that if the chancre and its surrounding tissue be excised within the first eight weeks after infection constitutional symptoms would not follow.

Prof. Otis has proven his faith by his works, inasmuch as he has twice inoculated himself with the blood of patients having syphilis of duration within this period. He quotes Diday and others to the same effect. He cites the fact that many of the eminent syphilographers of the day, accept the proven fact that the physiological secretions, mucus, milk, tears, sweat, sebum, urine and semen do not contain the contagium of syphilis; therefore it is clear beyond dispute that syphilis is never under any conceivable circumstances, communicated from the father directly to the fetus before birth, unless the mother be first infected.

After referring to the fact that these views were first published by himself in 1879, the author considers it worthy of remark that Mr. Johnathan Hutchinson, of London, has arrived at the same conclusion. Mr. Hutchinson says: "My argument, if I have made it plain, has pointed to the conclusion that no minified transmission of syphilis is possible, and that the child gets, not the diathesis but the disease, either nothing at all, or the germs of

disease, and that in the latter case they will, subject to the laws of idiosyncrasy, develop equally in all cases."

Regarding the limit of the contagious stage of syphilis as to time, Fournier says: "The truth is that, with some very rare exceptions, syphilis constitutes only a temporary bar to marriage." Bumstead and Taylor advise that a period of two years elapse after infection, during which the patient has sedulously followed a systematic course of treatment, as the shortest time in which a syphilitic father should procreate children. Dr. Keyes says that after the virulence of the disease is exhausted, a man may marry and should marry." Again he says: "In a general way it may be safely said that a man should not marry until at least three good years lie between him and his chancre, and at least one year has elapsed since the last symptom which can be attributed to chancre." Hill and Cooper, (London), under no circumstances should a person having obvious signs of syphilitic disease marry, however long a time has elapsed since his infection, for, though communication is rare when several (four or five) years have elapsed, *it may take place after as many as ten, or even more years, even when the form of disease is that commonly known as that of tertiary.*

The author agrees with Mr. Hutchinson in the statement that, "What are called tertiary symptoms do not constitute a necessary stage of syphilis, and are to be regarded in the light of sequelæ." Ricord, Bumstead, and Taylor, and Diday agree that the blood and secretions in tertiary syphilis are innocuous.

The ideas set forth in this article commend themselves to the careful consideration of physicians everywhere. Such positive assertions from so worthy a source must alone carry great weight, but with the concurrence of such men as Fournier, Diday, Bumstead and Taylor, Keyes and Ricord, it does begin to look as if some irrefutable facts had at last emerged from the chaos of assertion and denial which have ever beset the natural history of syphilis.

ORIGINAL ARTICLE.

AMERICAN SURGICAL ASSOCIATION.

President's Annual Address.

Delivered before the American Surgical Association, April 25, 1886.

Wednesday.—Morning Session.

The meeting was called to order at 11 A. M., by the President, Moses Gunn, M. D., Chicago.

After the calling of the roll the president delivered his annual address, an abstract of which follows:

Fellows of the American Surgical Association: Custom, if not organic law requires the president to open the proceedings by a more or less formal address. My immediate predecessor in his address one year since, suggested that either a résumé of the progress of surgery for the previous year, or some special scientific subject should constitute the subject matter of the president's address. I propose to comply with the spirit of this suggestion and shall indulge in a few thoughts on certain points in the physiology and surgery of motor, sensory and motor-sensory or compound nerves.

Previous to the investigations of Magendie and Bell, no clearly defined effort had been made to differentiate the motor and sensory nerves. It remained for these investigators to clearly establish the fact of the motor qualities of the anterior roots, and the sensory qualities of the posterior roots. With this also came the idea that this difference was intrinsic, due to peculiarities in the anatomical and physiological organization of the nerve fibres. This appears to have been the idea generally entertained. Is this a fact? or is the difference to be found in extrinsic conditions, viz., the anatomical organization at either end of the nerve, the nerve trunk being simply a conductor of a form of force? Upon the facts of the case depends the possibility of satisfactory results in the section and physiological reunion of divided compound nerves and the grafting of one compound nerve upon another where there has been so great a loss of the trunk of the nerve as to not permit the approximation of the distal and proximal portions of that nerve. Success in achieving satisfactory results by such operations or a uniform lack of success must afford a tolerably reliable answer to these interrogatories, much more reliable than exper-

iments on some of the inferior animals. Experiments on animals require severe scrutiny, or they may mislead. Some of the experiments on animals were then referred to. Philipeau and Vulpian divided in dogs the pneumogastric and sub-lingual nerves and united the central end of the pneumogastric with the distal end of the sub-lingual. They also divided the lingual branch of the fifth nerve and the sublingual, uniting the central end of the lingual branch of the fifth nerve to the peripheral end of the sub-lingual, and tearing out the central end of the sub-lingual The result of these experiments was, that after a time motion and sensation were restored. Other similar experiments were cited.

In April, 1880, Dr. E. P. Davis made for the speaker the following experimental operation: Under an anesthetic the axillary plexus was exposed. The median was severed after its bifurcation and also the ulnar and radial. The outer head of the median was united to the ulnar. The inner head of the median was united to the radial in the same way. At the end of ten days the dressing was removed and complete paralysis of motion and of sensation found. In four weeks this began to disappear, and later a perfect condition of motion and sensation was observed. By this operation the distal portion of the median was left entirely without nervous supply, and yet there was no paralysis of muscles or integument supplied by this portion of the nerve. Later investigation showed that in the dog and certain other animals there is an anastomosis of forces between different nerves, forming an indirect route for the conduction of nervous force.

Nerve suture in man has become a recognized operation, both as a secondary and primary procedure. It must be concluded from experiments that motor, sensory and trophic powers depend not on the nerve itself, nor on a difference of nerve force, but on the organism at the end of the nerve. Professor Stephani is reported to have succeeded four times in uniting the distal end of the median with the proximal end of the musculo-spiral, and the distal end of the latter with the proximal end of the former. Immediately following the operation was complete paralysis and atrophy, but in the course of six or eight months there was not only restoration of muscular power, but harmony of action to an extent sufficient to permit the animal to run, but perfect extending power was not realized.

The intergrafting of a section of a nerve of an inferior animal to replace extensive loss of nerve structure will probably be of too uncertain success to constitute a standard operation, but can the grafting of the distal end of a nerve in such a case upon the side of, or into, the trunk of an adjacent nerve, secure to it a supply of nerve force? Experiments made by Kawa would indicate that such might be the case. To establish this point, experiments on dogs are valueless on account of the free anastomosis. We must look for the solution of this question to the rare opportunities, met with in the course of surgical practice, to institute experimental operations on man. A case has been reported by Despres, where there was such extensive destruction of the median nerve as to preclude the possibility of approximating its ends. He therefore engrafted the distal end of the median with the trunk of the ulnar. Fifty-four days after the operation the functions of the parts supplied with the median nerve were partially restored.

December first, the speaker had occasion to resect over three inches of the right ulnar nerve in the removal of a neuroma in a male patient, æt. 36 years. The distal portion of the divided nerve was grafted to the trunk of the median. The sheath of the median was removed, and the broadly chamfered end of the ulnar laid in contact with it, and secured by three fine cat-gut sutures. Immediately after the operation there was complete paralysis of the part supplied by the ulnar. On the eighteenth day there was a slight return of sensation along the ulnar side of the ring finger, and there seemed to be some contraction of the flexor carpi ulnaris. Four months after operation, the patient could feel a slight touch on the ulnar side of the ring finger; no sensation to touch in the little finger, but an increased warmth in it. He can adduct the hand with considerable vigor, but as yet has no power over the terminal phalanges.

The positive evidence which these two cases furnish at so early a date warrants further effort in this direction and corroborates the other evidence of the correctness of the postulate that the function of a given nerve depends entirely upon the machinery at its ends, and not upon any intrinsic quality.

Fellows, favored by your kindness manifested one year ago, it is my duty to preside over your deliberations in this seventh annual session of the American Surgical Association. We have come together to make and renew friendships, and to impart to one another, and to the surgical world, the results of our experience, investigation and thought.

As to the new friendships which shall en-

sue, let us hope that they will equal the old; and in the renewal of the old, let the grip be firmer, and the heart still warmer; while in the spark which shall fly from the clash of thought, let there be only the fire which purifies the subject, enhances esteem and cements friendship. So shall our discussions be honorable to ourselves and profitable to surgical science.

CLINICAL LECTURE.

MAMMARY FISTULA.—FUNGOUS VEGETATION.—THE TREATMENT OF MENORRHAGIA IN GIRLS—CYSTIC TUMOR OF THE OVARIES.

A Clinical Lecture delivered at the Hospital of the University of Pennsylvania,

BY WM. GOODELL, M. D.,
Professor of Clinical Gynecology.

REPORTED BY WILLIAM H. MORRISON, M. D.

GENTLEMEN: The first patient that I shall bring before you is a lady with fistulæ of the mammary gland. This is of four years standing. Fistula of the breast can usually be avoided by making a free incision. It is a good rule to open the breast as soon as you detect fluctuation. When I use the term "fluctuation," I do not mean such fluctuation as is obtained from a tumor of the ovary or any large collection of fluid. It is more of the sensation found in edema, a sort of pitting or yielding of the part beneath the finger, while the surrounding tissues feel hard like the curb of a well. You may not feel certain as to the existence of pus, and may wish to make an exploratory puncture. There is no objection to this, but even if an incision fails to find pus no harm is done, although it is of course somewhat mortifying. The incision should be a free one. A breast lancet is the best instrument because it compels a free opening to be made. The incision must always be made in the direction of lines radiating from the nipple to the circumference of the breast, and never across these lines. All the lacteal ducts converge towards the nipple like the spokes of a wheel. If the incision is made in the manner directed, the least damage will be done to the lacteal tubes. After opening, a drainage tube may be inserted, and I then always poultice the breast for one day. If you wish you may open the breast under antiseptic precautions. I must say, however, that I never opened a breast under antiseptic precautions for the reason that I have always had them heal without difficulty. In opening the abscess I do it either while the patient is nnder the influence of ether or when she is off her guard, but I prefer to give ether. Of late years I have seen very few of these abscesses and I do not know exactly to what to attribute it without it is the use of iodoform ointment to the nipple. Lately, I have been using cocaine, which acts very well so far as the pain is concerned, but I have not made up my mind as to its influence on the healing process. The best application that I know of is of iodoform one drachm, to vaseline, four drachms. It is a mistake to suppose, as many do, that it is the death of the child which causes mammary abscess. A woman has a child still born, and great fears are entertained that she will have a gathered breast. Extract of belladona is applied to the breast and the iodide of potassium is given internally. The breast does not gather and the extract of belladonna and the iodide of potassium receive the credit, and are regarded as most efficacious remedies for such a condition. There never was a greater mistake. I have had a large experience and have watched these cases carefully. I have never seen an abscess of the breast follow a miscarriage or where the child was born dead. This is not the cause of mammary abscess. It is the cracked nipple that is the cause of the abscess.

If the woman loses her child, all you have to do is to allow the breast to fill up. If the woman suffers much pain give her morphia and keep the bowels open. If the pain is excessive, draw off sufficient milk to relieve the tension. This is preferably done with the mouth. If this is not convenient, a breast pump may be employed. Some women use a common clay pipe, putting the bowl over the nipple and drawing on the tube with their mouth. After some of the milk is withdrawn, the breast may be strapped to support it.

When a chap of the nipple occurs, it is impossible to say what will happen. If the child could be removed, the danger of abscess would be reduced. The child must, however, be nursed, and it is therefore necessary to employ various things to heal up the crack. A very insignificant chap will produce severe pain. I do not know that any application to the breast will prevent the development of abscess. Some think that where there is much distension and soreness about the parts, belladonna plaster is of service, but where the child is nursing this is dangerous. I never

apply anything to the breast with the exception of the camphorated spirits of alcohol, which I employ more for its effect on the woman's morale. Over this I put a large piece of cotton and cover it with a piece of rubber: this prevents evaporation and keeps the parts moistened.

Now to turn to our patient. We find near the nipple three openings, one on the right, one on the left, and one above. Passing a probe through the upper opening I find that it communicates with the other two. If the fistula occupied a different relation, it would be advisable to connect them with incision, but in this location such an operation would cut a number of lacteal tubes. We shall have to treat this with drainage tubes. I first enlarge these openings, cutting in the course of the ducts, and then pass two drainage tubes connecting the lateral openings with the upper one. We shall direct that these tubes be syringed alternately with bichloride of mercury solution (1-2000) and five per cent solution of carbolic acid. After a few days we may remove the tube from the more superficial of these sinuses and we shall then use pressure. The best plan to strap the breast is to have the patient on her back and an assistant raise the breast, the breast is then gradually strapped down against the chest with adhesive plaster two inches wide. This dressing may be removed and reapplied in twenty-four hours if it becomes loose. Having introduced the tubes, I apply salicylated cotton held in place with adhesive straps.

The late Mr. Callendar, of London, suggested a plan of treatment for abscesses which did not readily heal, which I have employed with advantage in mammary abscess. The plan is to introduce the nozzle of the syringe into the opening of the abscess and inject a five per cent solution of carbolic acid until the cavity is over-distended. In this way the fluid is forced into every crevice of the abscess. By repeating this once a day for a number of days the cavity often heals quite rapidly. I have sometimes used nitrate of silver where there was tardy healing.

I shall leave this dressing for forty-eight hours, and then shall have the injections used as I have mentioned.

Fungous Vegetations.

This patient has given us the following history. She is thirty years old, has been married two years and is sterile. Puberty occurred at the age of fourteen, and the menses were always regular and painless up to ten years ago, when she began to have bleeding, and since then they have been quite irregular with excessive flow, occurring every week or two weeks.

What is the probable trouble in this case? She is a white woman thirty years of age. Such a person would not be likely to have a fibroid tumor. She is sterile, and it is very exceptional that a sterile woman has cancer, or, if she has, it is cylindrical epithelioma of the fundus. In an offhand diagnosis in this way, I think it fair to exclude fibroid tumor and cancer. The probabilities are that it is due to fungous vegetations or a polypus. The patient being under ether, we can not learn whether or not there is hemorrhage at coitus. If there were, it would indicate that the male organ impinged upon the seat of disease and would favor polypus or erosion.

Digital examination shows the womb anteflexed and not much enlarged. As soon as the sound is passed, a quantity of blood escapes. We have a measurement of three inches. If there is polypus present here, it must be a very small one, yet a small polypus may give rise to considerable trouble. Sir Thomas Laycock, in his reminiscences, refers to the case of a lady who died from uterine hemorrhage, in whom a polypus no larger than a pea was found. The amount of hemorrhage does not depend upon the size of the polypus. I have seen a polypus so large that I had to deliver it with forceps and had to make incisions on each side of the perineum to prevent its tearing, and yet there was very little hemorrhage. There is one form of polypus which is not uncommon, in which the polypus hangs outside of the os. This produces a dribbling of blood, but does not cause free hemorrhage. Under such circumstances there is apt to be slight bleeding from coitus. This form of polypus probably is due to an enlarged Nabothian gland or an enlarged retention cyst. Such a polypus may escape before the finger so that it is not detected. There is no history of miscarriage, although the symptoms indicate that she might have been pregnant and had had what is called a fluxion, that is the ovum was thrown off at the end of three or four weeks before it was large enough to constitute a miscarriage, and leaving behind it some portion of the decidua.

I shall now use the curette and see what we can find. As you see, I at once remove a number of vegetations.

While removing these, let me say a few words in regard to menorrhagia in young girls which is sometimes difficult to combat. I am not always certain what its cause is in some cases. Last year a young girl came to me from a long distance with a troublesome men-

orrhagia. She was a weak looking girl, and I put her on iron and the rest treatment, which was followed by a certain amount of improvement. After awhile I put her on Blaud's pills, which are made according to the following formula:

℞ Ferri sulphatis exsiccati,
Potassii carbonatis puræ, aa. ʒij
Glucose, q. s.
M. et ft. pil. No. xlviii.

Each pill contains therefore, two and one-half grains each of the dried sulphate of iron and carbonate of potassium. She took three of these pills three times a day, making nine pills a day, for three months. This was followed by decided improvement and relief of the menorrhagia. Some time ago the wife of a carpenter came to me with severe hemorrhage from a polypus. She was not prepared to have it removed at that time, and on account of the excessive wasting, I ordered dialysed iron in drachm doses. This improved her condition and diminished the flow of blood. She afterwards had the polypus removed. In young girls, as a rule, a powerful tonic treatment is required. Sometimes the iron is not sufficient and I have to resort to astringents and tonics not ferruginous. I have used bichloride of mercury and quinine in these cases. Occasionally we meet with cases of this kind in which the patient apparently is in robust health. Under such circumstances, I know of nothing better than iodide of potassium.

I have not throughly curetted the cavity, and I shall next apply a saturated tincture of iodine. This destroys any vegetations which have been bruised and not removed, it is an antiseptic and tends to induce a healthier action in the mucous membrane.

Before the patient is removed, I wish to show you a suggestive feature about the vulva. If this menorrhagia had occurred in an unmarried woman with this condition of the vulva, I should be disposed to attribute it to masturbation. You observe that there is decided hypertrophy of the nymphæ and that the clitoris is enlarged and hardened. I no not know that these are positive signs, yet they are very suspicious. In masturbation, the hypertrophy is brought about by the constant irritation and rubbing of the parts.

I believe, however, that this practice of masturbation is by no means so common among females as among males. There are several reason why this should be the case. One is that the feeling is not so strong in women. It is fortunate that this is so, for where would virtue be on this earth, if the feeling were as intense in women as it is in men? In the second place, the male is always the aggressor. This is true of the higher orders as well as of the lower orders. Again, in the male, the organs are external, while in the female, the parts are protected. I believe that the great reason is because nature intended it so to be. It is common for husbands to complain that their wives do not respond to their advances. I have been repeatedly consulted by married women in good faith, who are exceedingly anxious to know why they do not have children, and who have told me that they are wholly without feeling. It is rare for men to be that way. For these reasons, I think that the practice is less common in the female than in the male.

Cystic Tumor of the Ovaries.

This patient, æt. 37 years, the mother of five children, has been sent to me by her physician with a letter asking my advice. She has suffered from some difficulty in the pelvic cavity for years, and her physician has found a cystic tumor which has gradually increased in size, and although treated very judiciously, she has suffered so much from pain in the back and in the right side of the pelvis, that she has been unable to work.

On making a vaginal examination, I find a tumor on the right side. I am perfectly positive that this does not connect with the uterus, for, as the patient is not fat, I am, by bi-manual examination, able to examine the womb perfectly. The womb is anteverted and the cervix is the seat of a laceration. The tumor seems to be about two and a half inches in diameter. Pressure on it causes some pain, although not as much as would be experienced if the organ were normal. Ordinarily, cystic tumors of the ovary are not painful. I judge from this that there is still some healthy tissue in this ovary.

With reference to treatment. If this were a rich woman it would be proper to advise her to wait until the growth became larger, but as she is a poor woman and compelled to work, it would be better to operate. If she is willing to have the operation performed, I shall go ahead and do it. If we had not discovered the enlarged ovary, we probably should have attributed her sufferings to the laceration, and if she desires it, I am willing to restore the cervix first and see what benefit that will afford, and at a later date operate on the ovary. (The patient was now removed.)

I suppose that she will decide to have the operation performed. We shall then have to consider the important and difficult question

whether both ovaries or only the diseased organ shall be removed. The ovaries resemble the eyes in this, that if there is disease of one the other is liable to be affected by sympathy. If I simply remove the right ovary, I may fail to cure her, although to the eye the left ovary may be perfectly normal. Of course at the bedside we cannot apply the microscopical test. In performing oophorectomy, my practice is to remove both ovaries, unless it is very important that the woman should bear a child. I do not like to leave the apparently healthy ovary for fear that the disease has been transferred to it from the affected organ. Before doing this, I shall of course explain the effect of removing both ovaries to the patient so that she fully understands the matter, and shall be governed by her decision. It has been the experience of all operators that, where one ovary is left, the operation has often failed to relieve the symptoms.

EDITORIAL NOTES.

Ustilago Maidis.—James Mitchell reports on the physiological action of ustilago maidis on the nervous system, in the *Therapeutic Gazette*, April 15. He arrives at the conclusion that the ultimate action upon the nervous system is that of a universal depressant, producing a diminution and final extinction of all reflex or volitional phenomena with the early induction of narcotism, that the loss of reflex activity is due to the paralysis of the sensory (receptive) portion of the cord; that the motor portion of the cord is also depressed, as well as the motor nerves; that it is also probable that the sensory nerves share in the general paralysis; that death is due to arrest of respiration, though in exceptional cases it may be due to the diastolic arrest of the heart. The ustilago maidis shows marked similarity with the action of bromide of potassium; it is also classed as an oxytocic and it is asserted has medicinal properties resembling those of ergot of rye. In comparing the three agents the author presents the following summary of conclusions:

Ustilago maidis:

Nervous system: Cerebrum; consciousness in frogs lost.

Spinal cord: The sensory portion is first paralyzed, the reflex paralysis being due to this cause. The motor portion of the cord, as well as the motor nerves, are also depressed and ultimately paralyzed. It is also probable that the sensory nerves share in the general paralysis.

Potassium bromide.

Cerebrum, spinal cord and nerves: "The evidence is, I think, sufficient to prove that bromide of potassium affects all parts of the nervous system of the lower animals, but that the cerebrum, the motor tract of the cord, and the afferent nerves are the last portion to be affected; that the most sensitive to its action is the receptive portion of the cord, and next to this the peripheral ends of the afferent nerves." (H. C. Wood's Therapeutics, 1880, p. 325.)

Ergot of rye.

The above summary of the general symptoms caused by poisonous doses of ergot shows that the phenomena are mainly paralytic in nature. It would seem that the nervous system must bear the brunt of the poison. It is probable that the chief action of the drug is upon the nerve-centers. (H. C. Wood's Therapeutics, 1880, p. 543.)

The Delegation From Philadelphia.

The Philadelphia struggle is over. Both parties are, or ought to be, satisfied. The council of the American Medical Association has acted judiciously in referring the disputed matters back to the County Society, and from there they may be brought before the State Society. We prophesy that in twelve months this matter will be well settled.

Complimentary.

It is a compliment to St. Louis and to the St Louis Medical College that Dr. Gregory was elected President of the American Association, and that Dr. Mudd, of the St. Louis Medical College, was made Chairman of the Surgical Section. It is only a few years since that the lamented Dr. John T. Hodgen, from the same college, was the Association President.

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THE PRESIDENT OF THE CONGRESS.

It was right that the place made vacant by Dr. Flint's death should be filled by N. S. Davis. No eulogy of ours is needed. All men in our profession know him. No one has done as much for the American Association as he. Years before some of the fresh young gentlemen, who are now objecting to the conduct of the Association, were weaned, Dr. Davis was head and front of the organization.

He has not retrograded; he is the leader in the Association to-day, and it is to him, and those in harmony with him, that is due the credit for successfully steering it through the stormy sea of the past twelve months.

Dr. Davis has directed the Association through two of the dangerous periods of its existence, i. e., formation and rebellion, and never was it in better condition than now. The success of the Association is the success of the Congress.

SURGEON GEN. JNO. B. HAMILTON.

No more appropriate selection for the position of Secretary General of the coming International Medical Congress could have been made than that of Dr. John B. Hamilton, Surgeon General of the U. S. Marine Hospital Service. One who is so thoroughly known, and possessed of organizing and executive ability of such high order as Dr. Hamilton, cannot fail to be eminently successful in the work of the Congress. By the way, how this same solid, sterling Jno. B. Hamilton has risen during these past few years. Into what ever position he has been placed he has developed, elevated and broadened the office and himself as well. He has ever shown himself to be the right man in the right place. On the incoming of the new administration, he in excellent taste promptly resigned his office, leaving the president free to make a selection. Mr. Cleveland was, however, looking for just such men as he, and promptly refused to accept the resignation, and our entire profession from one end of the country to the other felt grateful to the president. We feel sure that if any of the disgruntled doctors of the East try to carry their antagonism against our National Medical Association so far as to indulge in machinations against Dr. Hamilton, they will find they have quite as little influence as machine politicians. It is now in order for some of them to make the attempt.

THE MEDICAL PRESS AND THE PROFESSION.

Those who were present last week at the Association could not but see how clearly associated with every move were the men who represented the different medical journals of the country. It speaks well for both the press and the Association that their interests are so closely linked.

The room across the hall from the place of meeting, over which floated the legend *Medical Press Association* was made the place of meeting for the medical editors. Members and visitors paid it at least one visit daily, for the DAILY BULLETIN OF THE REVIEW was at the disposal of all.

We prophecy that the Medical Press will be more than ever expressive of confidence in the progress of the National Association. There is no funeral march nor hesitation in ranks now.

SO SAY WE ALL.

We think that the medical profession of St. Louis owes a debt of gratitude to Mr. J. W. Lambert, Chairman of the Citizens' Auxiliary Committee. Up to within a few weeks of the convention, uncertainty and doubt reigned supreme; but under the skilful management

of Mr. Lambert, everything was soon in good running shape for work.

His excellent tact, taste and executive ability were everywhere apparent in the planning of the various entertainments and the carrying out of the same. But the mid-week feature, the reception and ball at the Merchant's Exchange, and the grand closing climax, the steamboat excursion on Friday, was essentially Lambertian in its every detail and the result obtained.

It seems peculiarly appropriate that the man who has so thoroughly identified himself with the members of our profession in a pharmaceutical way should have been the one selected to carry off the honors.

As the coming years roll on, and every one connected with the Association entertainment shall have almost passed out of mind, each and every one of Jordon W. Lambert's tasty pharmaceutical reminders will recall sweet and pleasant recollections of the Convention of '86 at St. Louis.

The Physio-Pathology of Fever.

The *Therapeutic Gazette* writes: Maragliano has studied during the last three years the behavior of the vessels of the skin in beginning and in receding fever, with the hydroplethysmograph of Mosso, often eight to ten hours without interruption. A first series of observations was made on patients who, in the course of the experiments, were spontaneously attacked by fever. The main results of these observations were the following:

1. A febrile temperature was found to be preceded by a progressive contraction of the vessels of the skin.

2. During the height of contraction—when the vessels attain their minimum lumen—we find the climax of the febrile temperature.

3. As long as the temperature remains at its highest level the contraction of the vessels persists.

A second series of experiments was instituted on patients in whom the fever set in after a previous reduction of the temperature to normal by antipyrine, kairine, and thalline. In these experiments Maragliano observed the same phenomena as stated above.

In a third series of experiments patients were used in whom the febrile temperature fell to normal during the experiment, without the exhibition of antipyretics. The following results were here obtained: 1. The fever attack is preceded by a progressive dilatation of the vessels of the skin. 2. This dilatation increases simultaneously with the sinking of the temperature, and reaches its maximum when apyrexia appears.

These investigations prove the old theory of fever as advanced by Traube. Basing on the results of his calorimetric examinations, Maragliano feels certain that in fever we have to deal with a retention of heat, with concomitant ischemia of the vessels, and in defervescence with an increased thermal discharge, with a concomitant vascular dilatation. Still our author does not by any means believe that the retention of heat is the sole cause for the fever. On the contrary, he is positive that still another factor, viz., increase of heat-formation, plays an important role in the causation-agencies of fever. The increased production of urea and of carbonic acid gas furnish a satisfactory proof for the existence of this increased heat-formation. As to the true significance of this intensified combustion process, we require a good deal more of detailed knowledge. Possibly, it is caused simply by an overheating, as it were, following upon the retention of heat.

Naunyn, Lehmann, and others have recently shown that if animals are subjected to an artificially effected rise of temperature, they give off more urea and carbonic acid. Maragliano has observed the same phenomena in men, if they are subjected to a heightened temperature, such as in consequence of warm baths.

At any rate, there is no doubt that an increase in the heat-production takes place, no matter what causes the latter might have. Therefore we can conclude that the rise of temperature in fever is caused by both a heat-retention and an increased heat-production.

This does not of course, exclude the presence of other still unknown factors.

The experiments and observations made in this connection on various antipyretic drugs are equally interesting.

1. All employed antipyretics cause in apyretic individual a considerable vascular dilatation.

2. They cause also an increased discharge of animal heat.

3, They produce a fall in the excreted carbonic acid gas.

A second series with these drugs was made on fever patients, and gave the following results.

1. The antipyretic effects of these drugs are caused by a vascular dilatation. When their influence is exhausted, vascular contraction and subsequent rise of temperature ensue.

2. During the period of their activity increased discharge of heat invariably takes place. After their exhaustion the heat discharge decreases, and the temperature rises again.

3. The influence to antipyretic drugs is intimately connected with a reduction of the oxidizing processes within the economy.

As a general conclusion to Maragliano's valuable researches, we can advance the theory that antipyretic remedies act by being able to eliminate the two most important pathogenetic causes of fever. In other words, they prevent vascular contraction, and the thus resulting storing up of animal heat, and increase the heat discharge; besides, they combat successfully the increase of heat formation by reducing the intensity of the oxidizing processes of the economy.

This double action of the antipyretic drugs is probably caused by an influence exerted on the innervation of the vascular system and the so-called trophic nerves. Possibly their action affects directly the medullary centres, which, according to the latest researches of Fano, exert a great influence on the nutrition of tissues.

THE MANAGEMENT OF PLACENTA PREVIA. —At the close of an interesting paper in the *American Journal of Obstetrics* on this subject, Dr. Malcolm McLean, of New York, offers the following rules in dealing with placenta previa:

First. In any case avoid the application of all chemical styptics, which only clog the vagina with inert coagula, and do not prevent hemorrhage. At the very first the patient should be put in a state of absolute rest—body and mind—and a mild opiate is often desirable at this stage to quiet the irritation.

Second. Inasmuch as the dangers from hemorrhage are greater than all else to both mother and child, at the earliest moment preparations should be made to *induce* premature labor, and labor being once started, the case should be closely watched to its termination by the accoucheur.

Third. In primipara, the mothers with rigid tissues, the vagina should be well distended by either the colpeurynter or tampon, as an adjuvant to the cervical dilatation.

Fourth. In the majority of cases generally, and in all cases especially where there is reason to believe that rapid delivery may be required, it is more safe to rely upon the thorough continuous hydrostatic pressure of a Barnes' dilator than pressure by the fetal parts.

Fifth. Where the implantation is only lateral or partial, and where there is no object in hurrying the labor, bipolar version, drawing down a foot, and leaving one thigh to occlude and dilate the os, may be practiced according to the method of Braxton Hicks, except in cases where the head presents well at the os, when

Sixth, the membranes should be ruptured, the waters evacuated, and the head encouraged to engage in the cervico-vaginal canal.

Seventh. In the majority of cases, podalic version is to be preferred to application of the forceps within the os.

Eighth. In some cases, in the absence of sufficient assistance or the necessary instrument, the complete vaginal tampon, in part or wholly of cotton, may be applied and left *in situ* until (within a reasonable time) it is dislodged by uterine contractions and the

voluntary efforts of the mother. In case of favorable presentation—occiput or breech—the tampon will not materially obstruct the descent of the child, and in some cases the tampon, placenta and child will be expelled rapidly and safely without artificial assistance.

Ninth. The dangers of septic infection by means of the tampon or Indian-rubber dilators are so slight, if properly used, as not to be considered as seriously impairing their great value.

Tenth. Whenever it is possible, dilatation and delivery ought to be deliberately accomplished, in order to avoid maternal lacerations.

Finally. As cases of placenta previa offer special dangers from post-partum hemorrhages, septicemia, etc., the greatest care must be exercised in every detail of operation and nursing, to avoid conveying septic material to the system of the mother.

Absolute cleanliness rather than chemical substitutes for that virtue, should be our constant companion in the practice of the obstetric art.

New Treatment of Yellow Fever.

The *Philadelphia Medical Times* glean from the *Gazette Méd. des Nantes*, the following notes: Dr. Lienias, of Cape Haytien, read a paper before the Society of Medicine of Nantes, March 5, 1886, with regard to some new points in the treatment of yellow fever, in which he gives the details of a treatment which he had found efficacious. Accepting the doctrine of Freire, that the disease is due to bacterial infection (micrococcus xanthogenicus), he attributed the jaundice to an action of these micrococci upon the red-blood-cells, destroying them by acting upon the "hemapheine" (of Gluber). This substance produces the yellow stain which has been attributed to bile staining. The fibrin disappears also, and the blood, being more fluid, readily extravasates, causing passive congestions and multiple hemorrhages. Hemorrhage into the stomach gives the "coffee-grounds" appearance to the vomited matters. Congestion of the medulla oblongata brings on troubles of sensation and circulation and the hepatic lesions constantly shown at the autopsy. The author sums up his treatment as follows:

The tincture of the chloride of iron is given in doses of twenty to forty drops daily, and to aid its hemostatic effect sulphuric-acid lemonade is also given. If there is much fever, quinine is given night and morning, (fifty centigrammes, or gr. viii); bromide of potassium is given in the early part of the night (gr. xxx); and a hot foot bath is given night and morning. Citrate of magnesia may be given for the headache. Food should be confined to a cupful of broth given two or three times a day. The order of treatment is as follows: at 3 A. M., the quinine sulphate; at 6 A. M., a pediluvium; at 7 A. M., a mild purgative; at 10 A. M., and 6 P. M., the potion tion containing iron, and in the intervals the broth may be given; at 6 P. M., another foot bath; from 7 to 9 P. M., the potassium bromide; and every two hours the face can be cooled with camphorated spirits. For drink, sulphuric-acid lemonade. In four or five days convalescence begins, and the patient gradually returns to his usual health.

Retention of Urine from an Unusual Cause.—J. Halliday Croom, M. D., writes in the *Edinburgh Medical Journal* (*N. Y. Medical Abstract*) concerning the following case: A gentleman brought his wife to my consulting room, telling me that she was in great distress from a swelling in her belly. I found on examination a tense round dull tumor, extending up to the umbilicus. She informed me that she had passed water recently, and had a constant desire to do so. Before proceeding further, I did what I always do in all pelvi-abdominal tumors, viz., introduced a catheter. I removed about two quarts of urine. Being at a loss to know the cause, on inquiry, found that she had been married two days previously, and that since the night of her marriage she had complained of more or less distress, and had passed water only in

very small quantities since. On examination, *per vaginam*, I found that the hymen, which was unusually thick and fleshy, and which was of the usual crescentic form, had been completely torn in the centre, and that the mucous membrane, covering the posterior vaginal wall, had been deeply lacerated for at least an inch. At the time of first intercourse there had been considerable pain, and some hemorrhage, the patient stated that afterwards she had felt sick and faint. Both parties believing what had occurred to be the usual state of matters, the husband renewed his attempts later on in the morning, but since that time no further intercourse had taken place. Twice before I have seen as a result of violent intercouse considerable and even deeper laceration of the posterior vaginal wall than in the present case, but unassociated with retention of urine. Secondly, the case belongs to that class of retention cases which are reflex in their causation. It belongs exactly to the same class as retention of urine in the puerperal woman from laceration of the perineum, or as in retention arising from urethral caruncle. The retention of urine is, in my opinion, not due, as some have said, to the patient voluntarily retaining her urine from the dread of allowing it to come in contact with a raw tender surface, and as a consequence, the retention becomes involuntary from over distention and temporary paralysis of the muscular coat of the bladder. Rather it is due to a reflex mechanism. It seems to me that this case, in common with all those of perineal laceration accompanied with retention, arises from tonic spasm of the sphincter vesicaæ, caused by the stream of afferent stimuli reaching the centre from the nerve-endings in the lacerated wound.

Persistent Constipation.—In the *Lancet* (*London Medical Record*), Mr. J. Holm records a case of persistent constipation treated by medical gymnastics. A gentleman, aged 24, came to the author complaining of most obstinate constipation, which had lasted for five years, in spite of v arious kinds of treatment. He attended daily for four months at the author's gymnasium. The first fourteen days passed without any action of the bowels.

On the fifteenth day, a scanty relief was obtained by the help of an enema, and in a few days a stool was passed without the aid of an enema. The motions then occurred naturally at intervals, first of ten, then of eight days. The intervals gradually diminished, and, at the end of the third month, the bowels were perfectly regular. Some months afterwards, the patient reported himself as being wonderfully well, the bowels acting like 'clock work.' The various exercises used consisted chiefly in passive and active movements, with firm and deeply directed frictions and vibrations acting on the abdominal viscera.

Chancroids.—According to the *College and Clinical Record*, Prof, Gross treats chancroids, seen within a few days of their appearance, as follows: Wipe out the sore and under the edges thoroughly with cotton, then apply with another bit of cotton carbolic acid, being careful to touch all the raw surface and to get well under the undermined edges. The pain caused by this application is but momentary, and is followed by sensation of numbness, which prevents pain from further manipulations. Now, with a bit of cotton wrapped on a match, touch the ulcer with strong nitric acid. This will destroy whatever poison may be left. Protect with a bit of cotton. Have the patient bathe the penis in warm alkaline water three or four times per diem. If the prepuce covers the sore, let him use as a wash:—

℞	Cupri sulphat - -	gr. $\frac{1}{8}$
	Acid. tannic., - -	gr. ij.
	Aquæ, - -	f℥j. M.

Place a piece of cotton cloth between the glans and prepuce. A bubo can be aborted by injecting into it an eight per cent solution of carbolic acid, and the use of compression. If already formed, it may be treated as the original sore.

ASSOCIATION ECHOES.

A critical point in the history of the American Medical Association was reached during the last day. It seems the Judicial Council had announced, after many hours of patient investigation, its conclusions in the matter of the Philadelphia delegates. The report was, in substance, that the whole matter be referred back to the home society. This decision did not suit one of the delegates—possibly he was not consulted—possibly he wanted to pose as a martyr. He posed—or imposed. He had a lot of resolutions ready; they were tabled, but he will get them in somewhere; they will not be lost. We will see them again. Once more he rose; "he would not down." Finally, swift retribution to the unjust Association came. The doctor (Roberts was the name he gave) resigned. The Association had been resigned for some time. He had been appointed or elected secretary of some section, and shocked and surprised by the action of the council, he produced his resignation, type-written, it seemed to be. The gentleman said he presented the resolutions, as the chairman of the delegation was not present. Neither was Baalam.

We have information from the inside of the nominating committee room that at one time the outlook for Dr. Gregory as president for the coming year was not the brightest, but after our wise and wily wielder of men, Dr. Geo. F. Dudley, had presented the claims of our candidate, the tide was turned. Dr. Walter Wyman, of the U.S. Marine Hospital service, Port of New York, gave good aid to his old teacher of surgery, Dr. Gregory.

The prize was a grand one, and to win by a close run was evidence of the fact, as it was a strong indication that the office was in demand. We are sure we never saw a more perfect picture of happiness than the newly elected president, surrounded by his attractive family, at their reception on Thursday evening. His face endorsed the sentiment that his lips expressed when he said in private conversation that he would rather be President of the American Medical Association than President of the United States.

The superb work of Dr. T. Hardy Smith, committeeman in charge of all of the exhibits, was fully appreciated. Golden opinions were showered upon all sides, and the only regret expressed was that he had not been placed in charge of affairs at an earlier day. This department was not the only one, however, that was redeemed from failure by brains, energy and executive ability coming in late.

The exhibitors on the last day gave Dr. Smith a substantial token of their appreciation in the shape of a massive gold headed cane. We trust it will be many long years before he needs it.

Dr. R. N. Girvin, Philadelphia: There is a pretty good joke on the contested delegation of the Philadelphia County Medical Society that I am, perhaps, justified in telling, strictly *entre nous*, as I happen to be one of the victims myself. It will be, perhaps, remembered that on Wednesday the judicial committee returned a favorable report upon the admission of our delegation, but through some oversight the secretary, Dr. Atkinson, failed to read it. Its contents, however, leaked out, and we were very jubilant over the result. That evening we encountered the opposing delegation at the Lindell Hotel. They seemed to be very much down in the mouth, and we tendered them our sympathy. They said, with what subsequently proved to be hypocrisy of the deepest dye, that they had given up the fight and would not even appeal from the decision of the judicial council. In the largeness of our hearts we invited them to have some wine. They promptly accepted, and we cracked many bottles at the bar. Next morning the matter was referred back, and to-day we were voted out on what looks greatly to the naked eye like a cut and dried plan. It will be a cold day before we buy any more champagne on uncertainties, for every time we meet those fellows they grin in a sarcastic way that is perfectly maddening.—[Globe-Democrat.

[The idea of the courtly and brainy Pancoast, the superbly scientific Shoemaker, aided and abetted by the charming and hard-working Wile indulging in anything like "hypocrisy of the deepest dye" seems strange to us "wild westerners." And as to their drinking champagne, or anything else stronger than "aqua Mississippiana" while in St. Louis, this is very painful news to us, and, as they used to say during the war, "important if true." But, Dr. Girvin, what an innocent lot of infants that delegation of yours must have been—engaged, as you have been, in this fight for so long, and then so child-like as not to know that you had antagonists that seldom die, and never resign. We St. Louisans are not very smart; we admit that the brains of the profession is mostly east of the Alleghanies; but ten minutes' observation of your opponents convinced us that they might not possess "golden wings, or wings of flame," but, as a general rule, they are inclined to "get there all the same." Get thee to a nunnery, Girvin !]

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

Stated meeting held Saturday evening, May 1, 1886.

The president, Dr. Gregory, being absent, Dr. Ludwig Bremer, vice-president, took the chair.

The question was brought up of the steps necessary to be taken to become a permanent member of the American Medical Association. In reply, Dr. Wessseler read a letter by Dr. Richard Dunglison, published in the *Journal of the American Medical Association*, and which we give here for the benefit of our readers who may wish to become members of that body: "Anyone wishing to become members of the American Medical Association by application at the St. Louis meeting, and who do not attend as delegates, will fill up the usual registration blanks, and present, with the five dollars for dues, a certificate, signed by the president and secretary of their state or local society, stating that they are members in good standing of such society. As vacancies doubtless exist in some of the delegations to St. Louis in different parts of the country, possibly some of the permanent members, and also those desirous of becoming such by application, may be able to obtain appointments as delegates to fill such vacancies."

Dr. Mulhall related the details of an operation for removal of an epithelioma of tongue. The patient had been troubled for three or four months with a sore which he had attributed to a slight injury inflicted by a fish-bone, which, upon examination proved to be an epithelioma, involving the base of the tongue and portion of palate. Operation for its removal was performed, an incision being made through floor of mouth. The diseased mass was included in the galvano-caustic wire and removed; during operation lost, perhaps, sixteen or eighteen ounces of blood. The wound healed rapidly, the patient being fed in the meantime by esophageal sound. Patient recovered, and seemed to be perfectly well for one year. Returned four months ago and exhibited peculiar symptoms. There was paralysis of the facial and sixth nerves, and the inferior maxilla was thickened. A week ago he was seized with severe pains in chest, and becoming rapidly weaker, died. The doctor thought it to be a case of metastasis of the disease, in its latter site affecting some portion of the brain.

Dr. Bremer did not think it rare to find cerebral complication in carcinomatous troubles, and spoke of a case in which the man had become entirely demented, which condition he had supposed to be due to a change of seat of the carcinoma with which he was afflicted.

Dr. Johnson spoke of the localization of epithelioma, and thought that if the diseased mass had been entirely removed in Dr. Mulhall's case there could have been no metastatic recurrence; said he was of the opinion that cancer was not so local a condition as was now generally believed, but that there was a general involvement of the system, of which it was the local manifestation.

Dr. McPheeters related case of woman 37 years old, who had had three confinements and two miscarriages. When seen, was six months advanced in pregnancy, and was afflicted with severe abdominal pains, and indications pointed to a probable premature expulsion of the fetus. Morphia given, with some relief of pain, but later on had a severe convulsion; the doctor was then told that she had had severe headache, with flushing of the face, nearly all the day, and at that time the pulse was full and bounding. He immediately bled the woman to the extent of a quart, until the woman began to feel somewhat faint, and almost complete amelioration of all the symptoms occurred. The urine was found to be loaded with albumen, immense quantities of it being revealed by the tests for it. Patient for the next two days passed but little urine, and the doctor stated that his therapeutic measures were now directed to the kidneys.

Dr. Gregory said that he arose, simply to endorse Dr. McPheeters' treatment, and thought her life had been saved by it. While speaking, would mention a case of carcinoma of male breast, a rare site, which was removed. Patient died about three weeks after the operation, and a week before death showed marked cerebral symptoms.

Dr. Shaw related a case of a young woman in her first confinement, who had a severe convulsion; the child was rapidly delivered with forceps, when it was discovered that there was a second one, and presenting transversely. Woman was very much exhausted, pulse very feeble. Waited two hours, then, nothing occurring had left the house, but was soon recalled, the woman having had another convulsion. Then turned and delivered second child, but patient rapidly sank and soon died.

Dr. Papin thought that in a case of this kind, if there was difficulty in reaching the child, and a failure of the vital powers, he would attempt to discover the cause of the

delay in the birth of the second child; would not wait under these circumstances for a return of maternal strength, but would help the case along and deliver as quickly as possible.

Dr. Shaw said that the woman was in such an exhausted condition that he did not at the time, consider it justifiable to introduce his hand into the vagina and uterus, for fear of producing another convulsion, but that as soon as one occurred, all doubt as to the course to be pursued was removed, and he had quickly delivered the child.

Dr. Mudd presented a very large lipoma, which was removed after death from the shoulder of an old man, who had carried it for about fifteen years. During the last few weeks of his life ulceration had occurred over its surface, extending up on the neck, while it was large enough to hang down like a bag both in front and behind the shoulder. Dr. Mudd then related a case of excision of an epithelioma of tongue similar to Dr. Mulhall's. The man was thirty-four years of age, and had been troubled with it for ten months; the ulcer occupying the base of the tongue, left side and involving its entire thickness. Could not swallow without much difficulty, and was anxious to have some operation performed for his relief. Submaxillary lymphatics much enlarged. The lingual artery on the right side was ligated before the incision for the removal of the mass was made, and that of the left side was ligated afterward. The incision was made along the lower jaw, extending from its angle to symphysis, and upon reaching a point low enough, the left lingual artery was ligated. The finger could then feel the hard mass, which was far back in cavity, and rested on the hyoid bone. Galvano-caustic wire was passed under tongue, and it was severed at its base. It was then seen that the wire had cut through the diseased mass itself and not back of it, so the scissors were made use of to complete its removal. Only the posterior pillars of pharynx remained, the anterior pair having been removed. Wound was left open on account of oozing of blood, and dressed with iodoform; when last heard from was doing very well.

Society then adjourned.

Stated meeting held Saturday, May 8th, 1886, the President, Dr. E. H. Gregory, in the chair.

Dr. McPheeters read a resolution of thanks to several of the prominent participants of the committees for the reception and entertainment of the American Medical Association.

Dr. Hulbert presented the notes of a case with a specimen. The patient, a woman aged twenty-eight, had entered hospital two weeks before with chill, fever, and severe pain in left subclavicular region. Physical exploration revealed moist râles, pleuritic friction sounds, together with hypostatic congestion of the posterior portions of lungs. Diagnosis of pleuro-pneumonia made. Pulse remained accelerated throughout the case, indicating a rate of from 120 to 130 of the heart's pulsations to the minute. Temperature but slightly elevated. No other heart symptoms were discovered. During the course of her illness was attacked with facial erysipelas, which was quite extensive. Patient was very weak, and hypodermic injections of sulphate of strychnia were given, with good effect.

Death soon occurred, however, and at the post-mortem the pericardial sac was found to contain a large quantity of pus, nearly a quart of it being removed; inner surface of sac roughened by fibrinous deposits. The doctor thought it strange that there should have been so little febrile disturbance accompanying so grave an affection. The specimen was then presented to the members for examination.

Dr. A. Green thought it to be a case of pyemic infection, with the pericardial trouble secondary to it.

In speaking of the accompanying pneumonia, the bacterial origin of it was discussed at some length by Drs. Bremer, Dean and Johnston.

Dr. Bremer explained that the pneumococcus was of such peculiar shape, and in its culture exhibited such a characteristically shaped colony, that it could not be mistaken for any other micro-organism, and that its presence indicated pneumonia, and nothing else.

Dr. Hulbert wished to call attention to the treatment of weakened heart's action by hypodermic injections of sulphate of strychnia, saying that he had frequently resorted to it, and had been much pleased with its results; that it caused increased force of the heart's action, with no acceleration of it, and also had a marked influence in stimulating the appetite.

The President asked if there were any members present who were familiar with aspiration of the pericardium.

Dr. Dean stated that he had had two cases in which it was performed, but did not state the results.

Dr. Prewitt was of the opinion that each disease had its own specific bacillus, which would produce that disease and no other, but

that the effects of it might be modified by the surrounding textures in which it developed. Society then adjourned.

AMERICAN SURGICAL ASSOCIATION.

The seventh annual session of the American Surgical Association was held in the reading room of the Army Medical Museum, April 28, 29, 30 and May 1, 1886.

The Association went into executive session.

Letters from distinguished honorary fellows were read.

A proposition to form a congress of American physicians and surgeons was discussed and referred to a committee of three to report Thursday morning, the committee consisting of Drs. J. Ewing Mears, Wm. T. Briggs and Christopher Johnston.

Afternoon Session.

Dr. Christopher Johnston, of Baltimore, read a paper entitled

Diagnostitial Laparotomy.

This operation is as ancient as our race, but in early times was always practiced on the cadaver. The lex regia of Numa Pompilius required it to be performed upon any woman who died in the twenty-seventh week of pregnancy, unless reliable signs showed that the fetus was dead. The first operation on the living subject was probably performed about the year 1600. The rapid advance of abdominal surgery now demands the attentive consideration of surgeons, and requires the expression of opinion as to the position of the line limiting interference in certain classes of cases. The labors of gynecologists and surgeons have greatly lowered the mortality of laparotomy for ovariotomy and hysterectomy, but the pathological possibilities of the male and female abdomen still constitute many difficult problems which the knowledge and zeal of surgeons are constantly striving to solve. The question arises how shall the seat of the pathological change be reached. The answer is laparotomy which makes the diagnosis positive in cases of doubt and is preliminary to other operations which may be required. If the surgeon has no right to refuse to give air to a fellow creature becoming asphyxiated from obstruction in the air passage,has he the option of refraining from surgical interference when the primæ viæ are obstructed in their functions? The answer to this question hangs first upon the diagnosis, sometimes upon the record of the past and not infrequently upon the wise boldness of the surgeon. The propositions then are first, that for abdominal surgical affections all possible operations ought to be attempted after the establishment of a precise diagnosis; and, second, that when a just diagnosis can not otherwise be reached, it may and ought to be sought out by an exploratory incision. The mortality of abdominal incision without complication is low. It is unfair to compare dissimilar operations involving the peritoneum, for some have been so frequently performed that new methods and resources have been applied to them.

A great consecutive mortality following a surgical procedure in no wise determines the want of value of the operation, while most cases recovering are to be considered a certain gain.

The record with regard to diagnostitial laparotomy is very brief, for, as a rule, when the surgeon approaches the case, the diagnosis is already nearly positive. The gravity of the operation is largely determined by the time at which it is performed. The abdominal incision intentionally diagnostitial is fraught with so little comparative ill consequence that its high value or necessity may be fairly claimed as an established and proper aid to diagnosis. Of all operations involving laparotomy, those involving the uterus and its appendages probably fill the largest place. Next we have those involving the alimentary tract.

Speaking of the Cesarean section, the speaker said that comparing the mortality of this operation in former days with the mortality of the Porro-Mueller operation, we find that while shock and other dangers are greatly increased in the modern operation, the mortality remains about the same. The old operation is, as a rule, done under objectionable surroundings by inexpert operators, while the modern operation is done by experts with the best surroundings. We have yet to see what the old operation will accomplish when the same safe-guards are thrown around it as are given to the newer operation.

Besides being a justifiable operation, abdominal incision becomes the bounden duty of the surgeon in a great variety of instances. Fenestral exploration gains in facility and loses in danger by frequent repetition; and it might eventually render the explorative laparotomy unnecessary.

When is exploratory laparotomy called for? It should be stated that to a certain extent every laparotomy is diagnostitial. Without establishing unnecessary groups, two great classes in which exploratory laparotomy is

demanded or permissible are to be recognized. First, all sorts of cases in which the diagnosis can not be made without its aid. Second, all those cases in which a diagnosis having been made, no definite line of operation can be mapped out and no abandonment of active measures be entertained or justified. As in these cases laparotomy holds the key in all cases of doubt both as to what is the matter and what is to be done, it should be called upon to surrender that key. In intestinal cases, the early operations are those which save life the oftenest; but abandonment ought not necessarily to follow delay in invoking the surgeon's aid.

DISCUSSION.

DR. A. VANDERVEER, Albany. There can be no doubt that experience shows us that simple incised wounds of the abdomen without injury to the abdominal organs will usually heal without difficulty even if left to themselves. The mortality is very slight indeed; even when the injury is more serious, recovery often follows. The cases which give us anxiety are those in which the bowel is injured and its contents escape into the abdominal cavity. These die inevitably if nothing is done. In these cases laparotomy should be performed. This view is often opposed by the friends of the patient and often by the attending physician. We have much to do in the direction of teaching the profession and the public the importance of early operation in these cases. Cases were cited of gun-shot injuries of the intestine and of rupture of the intestine produced by external violence in which the operation might have saved life if it had been permitted by the friends of the patient. The operation, as a rule, will not be permitted until the patient is in collapse, and it is then too late. If possible, the operation should be done in such cases in which it will prove successful, so that the surgeon may have an argument in favor of his recommendation, and the masses must be educated to the necessity of laparotomy in the cases referred to.

DR. JOHNSTON presents points of great interest and importance. This operation should be done more frequently in the future than in the past. As regards the mode of operation, the incision in the median line is by far the best. In some cases it would be impossible to reach the seat of disease by any other incision. In the closing of the wound, some recommend several lines of sutures uniting the different layers of tissue separately. I do not believe that is any advance on the old method of using sutures including all the layers of tissue. Where there is great distension of the bowel in intussusception, the discovery of the seat of trouble is greatly facilitated by a procedure which I have seen Tait adopt in such a case. He opened the distended coil of intestine, permitted the gas to escape and then closed the opening with sutures.

DR. EWING MEARS, Philadelphia.—In considering diagnostitial laparotomy, I should arrange the subject in this manner: In the first place, we should use external manipulation; second, internal examination, where this is possible; third, aspiration; and finally, laparotomy. I regard laparotomy as much the more serious of all these methods. In this discussion, the subject of laparotomy, as a means of treatment, does not call for consideration. The more experience I gain the greater is my conviction that the abdominal cavity should not be opened without due consideration. Death is a severe penalty to pay for the perfection of the diagnosis. We have already learned a great deal in regard to methods of diagnosis by external manipulation. The tendency at the present time seems to be in favor of opening the abdominal cavity, rather than cultivating that essential skill by which the diagnosis may often be made without resorting to operation. Tait's assertions that opening of the abdominal cavity is a matter of very little consequence has led many of the younger members of the profession to perform this operation without due consideration. I have at present under observation a case in which I have made out the existence of an obscure abdominal tumor, and determined that she is suffering possibly from carcinoma. I have not felt it my duty to perfect the diagnosis by opening the abdomen. I have carefully watched for symptoms indicating suppuration, when I should operate, not for diagnosis, but for relief. Having exhausted other methods of diagnosis, I agree with Dr. Johnston that, if the patient's life depends upon it, we should open the abdomen. I believe that in intestinal obstruction the abdomen should be opened, and that many lives have been lost by want of courage on the part of the surgeon. There is no question as to the duty of the surgeon in the case of gunshot wounds of the intestines.

DR. CHARLES T. PARKES, Chicago.—I think that the paper insists upon the necessity of exhausting all other methods of diagnosis before resorting to laparotomy. In regard to the size of the incision, I think that makes very little difference so far as the final recovery is conce.ned; but where the incision extends above the umbilicus, recovery is slower,

and attended with more inconvenience. In the cases which I have seen where post-mortem followed, there was no evidence that the abdominal incision had anything to do with the fatal issue. In regard to the operation in cases of intestinal obstruction where the exhaustion is extreme, several years ago I was called to see a case of nine days' standing. The patient was in a state of extreme collapse. The patient was put to sleep, and the abdomen opened. A small cyst was felt immediately beneath the fingers. Under the slight pressure it ruptured, and a quantity of offensive pus escaped into the abdominal cavity. This patient recovered. In such a case, the best diagnostic skill could not determine the cause of the obstruction. In the case of a child, eighteen months of age, in which the operation was declined, an intussusception of the small intestine was found at the post-mortem which was without adhesions, and could readily have been removed.

The abominal opening should, I think, be made in the median line. I think that I have seen cases in which death has followed from the fact that the incision was not thus made, the surgeon being satisfied with enlarging the original wonnd. In regard to closure of the wound, I think that the simple suture, going through all the tissues, has been followed by such good results that we need use no other. Where there is much distension of the intestine, I think the method by opening the bowel is the best. I have used the exploratory needle on several occasions, but it is necessary to make a number of punctures. In two instances I have found extravasation of fecal matter through these punctures.

Dr. McLane Tiffany, Baltimore.—During the last year I have met four cases of what I believed to be intestinal obstruction. In all four laparotomy was proposed. Two refused, and both of these died. Two accepted, and one of these recoved. The case that died was that of a woman, aged seventy-three, in whom the obstruction had lasted seven days. The intestine was enormously distended, and in the examination ruptured with the escape of the gas. After this it was extremely easy to find the seat of constriction. I think the shock will be less if the intestine is emptied. In regard to the time at which the operation should be performed, I think that no positive rule can be laid down; it must depend upon the acumen of the physician who sees the case. I agree with the speaker as to the great value of laparotomy as a diagnostic operation. It is not possible for any human being to recognize through the abdominal walls the manifold conditions of the organs present.

In regard to pistol wounds of the abdomen, it frequently happens that the intestines escape injury, and in these cases it is a question when the operation should be done. The opening of the abdomen will, I think, not do much harm. It is also very desirable that there should be in hospitals special rooms devoted exclusively to this class of operations.

Dr. J. F. Thompson, Washington.—I wish to record two cases of laparotomy for the purpose of diagnosis. A woman, aged 35 years, had the history of an abdominal tumor lasting for several years. It presented the appearances of an ordinary ovarian tumor, with the exception that it had two sinuses communicating externally. After frequent examinations by various surgeons, it was decided to make an exploratory operation. One of the sinuses was traced back to the peritoneum without reaching any satisfactory explanation of the tumor. The peritoneum was then opened, and the finger introduced, but no tumor in the cavity could be felt. Towards the abdominal wall a mass, apparently imbedded in the tissues, could be distinguished. The wound was closed, and the patient recovered from the operation. The patient subsequently died, and the post-mortem showed that the tumor was an enlarged spleen which had fallen down below the umbilicus, and become attached to the abdominal wall.

The second case was one of apparently freely movable tumor in the right hypochondriac region. It was accompanied with excruciating pain. Operation was not recommended, but the woman and her husband insisted that something should be done, and, therefore, after keeping her under observation for some time, the abdomen was opened. The tumor, probably carcinomatous, was found to involve the transverse colon, which ran directly through the mass. There was also an attachment of the growth to the liver. The abdomen was closed, the patient recovered from the operation, and is still living.

Dr. W. H. Carmalt, New Haven.—Some time ago I was requested to operate in a case of intestinal obstruction, but the collapse was so great that I thought it would not be proper to do so. Within thirty-six hours the patient died; the post-mortem showed that the obstruction was due to a band of adhesion. If the operation had been performed early, the patient might have recovered. I think it important to relate unsuccesssul as well as successful cases.

Dr. Christopher Johnston, Baltimore, in closing the discussion, said: There is a certain amount of hesitancy on the part of

surgeons in regard to operating in cases of abdominal injury, on account of the people and on account of juries. To overcome these objections it is necessary to educate the public to the true state of affairs. In those cases where the bowel is opened, laparotomy leads to the seat of disease, and if anything can be done, we are then able to do it. I am happy to find my opinions supported by so many of the able minds of the profession.

Adjourned.

THURSDAY—MORNING SESSION.

A CONSIDERATION OF THE BACTERIA OF SURGICAL DISEASES.

BY HAROLD C. ERNST, M. D., Jamaica Plains, Mass.

After an extended description of the various bacteria met with in wounds, chronic abscesses, erysipelas and other surgical affections, and an account of numerous experiments on animals, with an exhibition of specimens in culture mediums and under the microscope, the author presented the following conclusions:

I. The experiments conducted over so long a time, with the successful inoculation at the end of that time, indicate very plainly the retention of pathogenic powers of these organism indefinitely.

II. Their permanence of form is also well established.

III. In order to obtain either a modification of their pathognomonic forms, or of their morphological properties, if this is possible at all, some different methods of investigation must be used than those which have hitherto been employed.

IV. The probabilities indicate that work in this direction is not likely to be successful.

V. So far as the experiments go, they tend to show that no form of the suppurative process in man is unattended by bacteria, and that the inoculation in the lower animals with pure cultures of these bacteria, is followed by more or less acute and extensive suppuration.

VI. The above conclusion is supported by the evidence of all workers in this field of research.

VII. That a number of different clinical phenomena may be produced by the same organism; all of these phenomena, however, coming under the general head of the inflammatory and suppurative processes.

VIII. That the difference in the results produced by the same micro-organism in different individuals depends upon influences outside of the bacteria themselves.

IX. That these differences are the result of differences in the amount of the infectious material received into the system, and of the locality or lesions by which it gains access, and also by variation in the individual condition, the personal equation being a very large factor in making up the sum of any results in bacteriological work.

DISCUSSION.

DR. S. W. GROSS.—The observations made by Dr. Ernst confirm those made by other observers, showing very conclnsively that the suppurative processes are dependent upon vegetable organisms. The most interesting part of the paper is that which relates to chronic suppuration. He has been, I think, the first to show that chronic suppuration is due to the same cocci as the acute form.

DR. J. S. BILLINGS.—A mere verbal statement of the difficulties which attend these experiments gives no definite idea of the difficulties encountered in this work. It is only by personal experience that they are learned. The methods now employed are much more satisfactory than those in use some twenty years ago. One of the difficulties in considering the probable relation between cause and effect in this work is that there seems to be no relation between the number of micrococci present and the effects produced. A second difficulty is that we are by no means sure of the specific differences between these various forms of microscopical organism. As we cultivate bacteria in different media, we find a change in their form. It is, perhaps, possible that they may gradually change by alteration of the medium, its chemical composition, or of its temperature. In connection with this subject, a study of the chemical conditions, under which these conditions exist, is necessary. It is very desirable that the practical surgeon should have at his disposal the means of determining the presence of these organisms in any given case.

DR. N. SENN, Milwaukee.—I am in full accord with the conclnsions of Dr. Ernst and do not intend to criticise what he has said. I desire to say a few words in regard to the conditions which predispose to the action of germs introduced into the body. The object of the surgeon should be in the first place to prevent the introdnction of these germs, and in the second place to secure innocuity to the infection by preventing the occurrence of predisposing causes. The first predisposing condition is found in an unusual arrangement of the capillary circulation. This is well-illustrated ie myelitis. In this affection the germs are found in greatest abundance in those sit-

uations where the anatomical relations of the vessels predispose to engorgement and localization of the microbes, this is in the large vessels about the centres of ossification in the epiphyses of bones. The second predisposing influence is traumatism. The germs of osteo-myelitis may be present in the body for a long time and produce no effects until the occurrence of traumatism, as a fracture, favors the localization of the microbes.

Dr. David Prince, Jacksonville, Ill., exhibited a diagram and described a form of room whereby a sterilized atmosphere could be secured for the patient by means of air treated with corrosive sublimate and forced through a tube opening immediately above the seat of operation.

The report of the committee appointed to consider the proposition for the organization of a congress of American physicians and surgeons offered at the meeting of Wednesday, by Dr. C. H. Martin, was called for.

The following is an outline of the main points:

In view of the fact that there are a number of special medical organisations now in existence in the United States, each having for its aim the advancement of the special department of medicine for which it was organized, and since the members of the said special societies are the representatives of the profession in America, many of whom are at the same time members of several of these special societies, attendance of the meetings requiring separate trips from home, often with much loss of time, therefore it appears necessary that some arrangement should be made with the different societies as to an uniform place and time of meeting.

The plan proposed was to unite the following named associations into a congress to be called

A Congress of American Physicians and Surgeons.

The American Surgical Association, The American Ophthalmological Association, American Otological Association, American Neurological Association, American Laryngological Association, American Gynecological Association, American Dermatological Association, American Climatological Association and the American Clinical and Pathological Association.

The plan of organization embodies the following: Each society is to elect its own officers, hold its own sessions apart from the others at the time and place of meeting, publish its own transactions, and do all other acts which by virtue of its constitution and by-laws it has the inherent right to do, thus preserving its own autonomy.

The congress to be composed of these special societies when in convention, and its meetings to be held in the City of Washington; the constitution and by-laws of the congress to be formed by a committee of like number from each special society. The opening session of each annual meeting of the congress to be devoted to such general business as may pertain to the interests of the association as a whole. The congress being presided over by a president elected annually and who must deliver an opening address on the first day of the session. The president to be chosen by a nominating committee of one from each special society; the presidents of the special societies to be ex-officio vice-presidents of the congress. Membership in the congress to be acquired only by virtue of fellowship in one or another of the special organizations. The other officers to be elected as determined by the convention in session.

We disclaim any intention of offering an obstacle or opposition to any other organization in America. We propose simply a plan of uniting into one great body the already existing special societies, and we do so from an honest conviction that such a union will prove of inestimable benefit to them individually and collectively.

The committee appointed to consider this proposition reported that they viewed with great satisfaction the perfection of a plan through which the meeting of the above named societies at the same time in Washington may be accomplished, and recommended the adoption of a resolution that a committee from other special organizations to arrange details and to report at the next andual meeting of the association. Adopted. The president stated that he would name the committee to-morrow.

Adjourned.

Afternoon Session.

The first paper was read by N. Senn, M. D., Milwaukee, Wis., entitled

"The Surgery of the Pancreas as Based Upon Experience and Clinical Researches.

The following conclusions were presented:

I. Restoration of the continuity of the pancreatic duct does not take place after complete section of the pancreas.

II. Complete extirpation of the pancreas is invariably followed by death, produced either by the traumatism, or gangrene of the duodenum.

III. Partial excision of the pancreas for injury or disease is a feasible and justifiable surgical procedure.

IV. Complete obstruction of the pancreatic duct, uncomplicated by pathological conditions of the parenchyma of the organ, never results in the formation of a cyst.

V. In simple obstruction of the pancreatic duct the pancreatic juice is removed by absorption.

VI. Gradual atrophy of the pancreas from nutritive or degenerative changes of the secreting strictures is not incompatible with health.

VII. Physiological detachment of any portion of the pancreas is invariably followed by progressive degeneration of the glandular tissue.

VIII. Extravasion of pancreatic juice into the peritoneal cavity does not produce peritonitis.

IX. Crushed or lascerated pancreatic tissue is removed by absorption, provided the site of operation remains aseptic.

X. Complete division of the pancreas by elastic constriction is never followed by restoration of interrupted anatomical continuities.

XI. Limited detachment of the mesentery from the duodenum, as required in operations upon the pancreas, is not followed by gangrene of the bowel.

XII. In all operations upon the head of the pancreas, the physiological attachment of the peripheralp ortion of the gland should be maintained by preserving the integrity of the main pancreatic duct.

XII. Partial excision of the splenic portion of the pancreas is indicated in cases of circumscribed abscess and malignant tumors, in all cases where the pathological product can be removed completely without danger or compromising pancreatic digestion, or of inflicting additional injury upon important adjacent organs.

XIV. Ligation of the pancreas at the point or points of section should precede extirpation as a prophylactic measure against troublesome hemorrhage and the extravasation of pancreatic juice into the peritoneal cavity.

XV. The formation of external pancreatic fistula by abdominal section is indicated in the treatment of cysts abscess, gangrene and hemorrhage of the pancreas due to local causes.

XVI. Abdominal section and lumbar drainage is indicated in cases of abscess or gangrene of the pancreas where it is found impossible to establish an anterior abdominal fistula.

XVII. Through drainage is indicated in cases of abscess and gangrene of the pancreas with diffuse burrowing of pus in the retro-peritoneal space.

XVIII. Removal of an impacted pancreatic calculus in the duodenal extremity of the duct of Wirsung by taxis or incision and extraction should be practiced in all cases where the common bile duct is compressed or obstructed by the calculus and death is threatened by cholemia.

XIX. In such cases the principal source of danger, extravasation of bile into the peritoneal cavity should be avoided by preliminary aspiration of the dilated bile ducts, accurate closure of the visceral wound with fine silk sutures, and absolute physiological rest of the organs of digestion during the time required in the healing of the visceral wound.

Remarks in discussion were made by Drs. Conner, Fenger and Parkes.

Dr. Chas. T. Parkes, Chicago, read a paper supplemental to his paper of last year, reporting two cases of cholecystotomy, both of which ended fatally.

Case I. was that of a woman who had suffered with gall stones for six years. The attacks of colic occurred as frequently as every week. Operation was decided upon. The gall bladder was found contracted,and reached with difficulty. Forty-three calculi were removed.

Case II. was that of Mrs. H., who, for the past two years, had suffered with attacks of pain lasting four or five days of each week. There was jaundice and other symptoms of obstruction of the flow of bile. There was enlargement of the liver. The operation showed that the gall bladder contained no calculi, but that the obstruction was caused by a body outside, which seemed to be an encysted calculus pressing on the duct. The gall bladder could not be found. The patient died within twenty-four hours, and the post-mortem revealed the shrunken gall bladder, with the induration which contained a gall-stone, pressing on the duct.

Discussion.

Dr. W. H. Carmalt, New Haven.—I wish to relate a case in the same line with these reported by Dr. Parkes. The patient, a woman 37 years of age, had suffered for several years with indefinite dragging sensations in the right hypochondriac region. This incapacitated her from performing her household duties.

In 1883 she stated that she had been operated on in Berlin for floating kidney, and in

evidence showed a large scar in the lumbar region. She also stated that three weeks after operation, as a result of violent sneezing, the organ had become loosened. She came to me for the purpose of having the kidney removed. Examination showed the abdomen to be exceedingly pendulous. The tumor was rounded, and could be readily grasped between the fingers. It was very movable. It was decided, after keeping the woman under observation for some time, that the tumor should be removed. An incision was made, just external to the rectas muscle over the tumor. When it was exposed, it was at once evident that it was not the kidney. Further examination showed it to be a dilated gall bladder. An aspirator was introduced, and four ounces of inspissated mucus drawn off. The needle revealed the presence of a hard body. Manipulation brought the gall stone up to the most accessible part of the bladder, and securing the gall bladder by two ligatures, I opened it and removed a stone as large as the end of my thumb. Four other calculi were found. After thorough cleansing, the gall-bladder was closed with a continuous cat-gut suture. The wound in the peritoneum was closed in the same way. The muscles were united by interrupted silk sutures, and a continuous cat-gut suture was used for the incision in the skin. The patient recovered without difficulty, and is now able to attend to her duties, feeling better than for a long time.

A Case Simulating and Believed by all Consultants to be Abdominal Pregnancy at Full Term. Laparotomy, Cesarian Section and Removal of a Living Child Weighing Seven Pounds.

By John S. Coleman, Augusta.

In the absence of the author the paper was read by the Secretary.

Feb. 27, 1886, the writer was requested to see B. A., colored, primpara, twenty-four years old. The attending physician believed her to be the subject of extra-uterine pregnancy. She thought herself at the end of gestation, and for three days had suffered with pains which were quieted by the administration of laudanum. The entire abdomen was greatly distended particularly in the upper portion. Vaginal examination showed procidentia of the os projecting three inches beyond the labia. The os was sufficiently patulous to permit the entrance of the index finger. Rectal examination gave negative results. Palpation and auscultation showed the position to be dorso-anterior and obliquely transverse. Placental souffle could not be heard. The abdomen was so large and the fetal heart sounds so distinct, that the writer also concluded that the case was one of extra-uterine pregnancy. The patient was examined by a number of surgeons who agreed in the diagnosis. The history and the symptoms indicated that the patient was at the full term of pregnancy, and it was decided that immediate surgical interference was imperative.

On March 3, the patient was operated upon. An incision six inches in length was made in linea alba. The tumor exposed much resembled the pregnant uterus. The incision was extended above the umbilicus and it was positively determined that the case was one of uterine pregnancy. The uterus was drawn forward and its anterior wall cut through. He had not conceived it possible for the uterine tissue to be prolonged from the epigastrium to three inches beyond the vaginal notch. A vigorous female child weighing seven or eight pounds was removed. The hemorrhage was not great. The placenta was removed without difficulty. The incision in the uterus was closed with deep and superficial catgut sutures. The peritoneum was closed with a continuous suture and the abdominal wall with hair lip pins and superficial sutures. Antiseptic precautions were adopted throughout the operation. Septicemia developed, the patient living four days. At the autopsy there was found no decided injection of the peritoneum. Two moderate sized clots were found on the peritoneum. The cavity contained nearly a quart of bloody serum. The uterus was one-half its former size, measuring from fundus to os externum twelve inches. The cervix measuremene six inches. The wound was found gaping throughout.

The author then gave an extended review of the literature of the subject and related similar cases by various operators.

To the paper was appended a letter from Mr. Lawson Tait, endorsing the performance of abdominal section in the above case, and asserting his strong objections to operations looking to the breaking up of the fetus. He thought that a preferable operation in the present case would have been the Porro operation. This would probably have been successful both as regards the mother and the child.

Adjourned.

—What is calomel? The alkaloid of mercury.

CORRESPONDENCE.

NEW YORK LETTER.

New York May 1st., 1886.

Editors Review: The question of Health officer of the Port still hangs fire in the state legislature. The Governor, a democrat, has nominated Dr. Chas. Phelps, of like political faith, to supersede the present incumbent, who is a republican. The republican Senate naturally object to give their political opponents the position with its attendant patronage, and consequently refuse to confirm the Governor's nomination. Meanwhile, Dr. Smith holds on to the office, doing his best to disinfect cholera infected rags and to keep us from an outbreak of the dreaded disease.

Last Saturday, the 24th, was a memorable day in the medical history of New York. In the afternoon, the corner-stone was laid for the new building of the College of Physicians and Surgeons. A platform had been erected about the site of the stone, and upon it were seated members of the Vanderbilt family and the college officers. Grouped about were many of our leading physicians and the college graduating class. The services were opened by prayer by Rev. Dr. Weston, chaplain of the college. Dr. Dalton, the president then made a short address, and enumerated the contents of the box to be placed under the stone. The latter was laid by the youngest son of the late donor, Mr. George Vanderbilt. Following this was an address by Hon. Chauncey M. Depew, who spoke in glowing terms of the future of the college and the expansion of its work. The college cheer by the students ended the exercises.

The new building is now well under way and the contract calls for its completion by the first of June, 1887. So that makes necessary one more session in the old college quarters. Work is steadily progressing on the Sloane Maternity, which from its smaller size will probably be completed before the college building.

Yet another gift has been received from the Vanderbilts. The four sons have united in presenting a quarter of a million dollars for erecting, equipping and endowing the "Vanderbilt Clinic." This will stand close to the two structures mentioned above, and in it all the clinical instruction concerning walking cases will be delivered. It will have a large amphitheatre and the latest devices for instruction in special departments.

The donations, above alluded to, represent in the aggregate one million dollars, and make the college the richest medical institution in America, excepting perhaps the Johns Hopkins' in Baltimore.

Dr. Edward Curtiss who has been for fourteen years professor of materia medica and therapeutics in the college, delivered his final lecture some ten days ago. The chair will be filled by Dr. George L. Peabody, a graduate of the college in 1873, and one of the attending physicians, and, as well, pathologist to the New York Hospital.

Dr. Charles McBurney recently ligated the right common carotid and subclavian for innominate aneurism. The operation was performed at St. Luke's Hospital, and at last accounts the patient was doing well.

The Commissioners of Charities and Correction are shortly to open a new reception hospital, with ambulance service attached, in the northeastern corner of the city. This district has been without adequate hospital facilities, and the medical residents have often besought the city authorities to provide them. The new institution will be tributary to Bellevue.

At the last meeting of the county medical society, Dr. Wm. M. Leszynsky presented a contribution on saccharine, a new chemical product obtained from coal tar. It is said to be two hundred and thirty times as sweet as sugar, and not to be acted upon by digestive fluids. It is thought it may be a valuable addition to the diabetic dietary.

Dr. A. B. Judson read a paper on White Swelling of the Knee-Joint.

A few days ago the papers announced that Mr. Pulitzer, one of our congressmen, had given five thousand dollars, his year's salary, to endow a bed for the Press Association in the New York Hospital. The conditions of the gift were not entirely acceptable to the hospital governors, and they deliberated some time upon the matter, and wished to make certain new conditions. Meanwhile Mr. Pulitzer's physician, who was conducting the negotiations, became disgusted with the dilatory action of the hospital people, and being unwilling to accede to the new conditions proposed, proffered the money to the Roosevelt Hospital. It was promptly accepted upon the original conditions, and the sick members of the press association will be cared for at the latter institution.

In the third and final lecture of the Cartwright Course, Dr. William Osler spoke of the "Relation of the Corpuscles to Coagulation and Thrombosis." He admits that the white cells are concerned in this process, and that the blood plaques, as well, are related thereto. The latter seem to be centres of coagulation from which the fibrine net-work radiates. To the fibres also of the net-work do the plaques adhere in large numbers.

J. E. N.

INFANTILE BRONCHITIS.

MEMPHIS, TENN., April, 1886.

Editors Review: I noticed in the WEEKLY MEDICAL REVIEW March 27, an article by J. Lewis Smith, on Acute Infantile Bronchitis, and as I think he omits from his list of remedies two of the most valuable and important agents for the relief of this affection, I have been tempted to supply the omissions.

The first and most valuable of these is the tincture of veratrum viride. Dr. Smith speaks of the respiration reaching 60, 80, and even 100, with a corresponding disturbance of the circulation. Of course such symptoms are very distressing to the little patient, and very alarming to the parents and friends. But reduce the circulation to a little under or near 100, and you at once relieve the distress of the child and the anxiety of the parents. I do not say you have cured the child, but you relieve the respiration; you render it possible for the blood to be properly oxygenated, and you no long witness the lividity of the cheeks and lips, and you certainly have the patient in a favorable condition for the operation of remedies of a curative nature. Besides you do not have to wait for days to see the effect of your remedy; but you can, in few hours, change an alarming and distressing condition into one of quietude and comparative comfort. And I think that this medicine really possesses curative powers in this affectlon, in so far as it aids nature to accomplish that which it cannot do unaided. For you maintain the circulation at or near 100 for some time the disease will naturally subside—just as an inflamed foot will get well by rest and elevation. And the principle is the same in both cases, viz., diminishing the supply of blood to the diseased parts. In one case you do so mechanically, by rest and elevation, while in the other you accomplish the same end by controlling the frequency of the heart's action; and you can maintain this rate of the circulation for an indefinite period, without special distress to the patient, and if you occasionally produce nausea and vomiting, the patient is not injured, but rather benefited.

Having employed this remedy for over thirty years in the treatment of this and other affections. I have neither the inclination nor patience to attempt to refute the theoretical objections of those who never employ it.

But I differ from most physicians in the mode of administering this medicine. Most physicians follow Norwood's directions, in beginning with a small dose and increasing at regular intervals, until they accomplish the desired reduction.

Now, if you were going to weigh any article which you thought would weigh 100 pounds, you would not begin at 50 pounds and gradually go up, a pound or two at a time, until the scales balanced, but would attempt to balance them in your first effort. Now this has been my plan in administering verat-vir., to estimate from all the symptoms the amount of the remedy necessary to reduce the circulation, and to give that amount the first dose, which very often in adults should be ten, twelve or fifteen drops. You seldom produce nausea with one dose, even though it be a large one. Its force is expended in reducing the circulation, and not upon the stomach. And in addition to this, you save time, and afterwards you can keep the pulse down easily with small doses, having only occasionally to increase the dose.

After an experience with this remedy for over a quarter of a century, I think I can safely say that as a sedative to the circulation, as an expectorant when it is indicated, and as an antispas modic in certain conditions, it is not only unsurpassed, but is unequalled; and employed with proper care and discretion, is as safe as any remedy in the materia medica.

The other remedy to which I allude is croton oil, which, though not of equal importance with the one just mentioned, is a very valuable one and should not be omitted in the treatment of bronchitis in children, for very often the most violent symptoms will subside immediately upon the appearance of the eruption.

As bronchitis never, like pneumonia, appears in only one lung, the croton oil should be applied anteriorly, posteriorly and laterally, twice a day until a full eruption is produced.

Singularly enough, sometimes, no amount of rubbing with the oil will produce any eruption. In such cases you may often obtain your object by moistening a piece of flannel with the oil and confining it to the body. But should all means fail, then counter-irritation should be maintained by the application of turpentine, or of light dry poultices, one fourth of which is composed of mustard.

I agree in the main with Dr. Smith's treatment of the affection, but would not exchange the veratrum viride and croton oil for all other remedies combined.

Another important consideration in the use of veratrum in this affection is that while you keep the pulse near 100, and then reduce the respirations and allow the blood to be oxygenated freely, you can use opiates with perfect safety, though you would not dare to venture upon them while the lips and cheeks were livid with partially oxygenated blood.

Yours truly,

S. H. BROWN, M. D.

FRACTURE OF UPPER THREE RIBS.

St. Louis, Mo.

Editors Review: Wm. W., æt. 50 years, while walking along the I. M. R. R. track, was struck by a freight car and thrown aside of track. The car struck him on posterior portion of left shoulder. This occurred at 5 A. M. He worked until 7 A. m., shoveling coal; at that time pain became so great that he went home—walked home. We were not called to see him until about 7 P. M. Upon examination we found no external marks of bruises; he did not complain of pain in back of chest at all, but of pain on left side in front, just below clavicle, and extending down to 4th rib. He had a bronchial catarrh before this accident occurred. He complained of severe pain when coughing, and noticed something slip every time he coughed. We readily discovered the first and second ribs fractured about two inches from sternum, and third rib fractured one and three-fourths inches from sternum. When lying perfectly quiet and breathing easily he had no pain. When coughing, the movement of the fragments could easily be felt, and the crepitation heard easily. Had expectorated no blood since accident. His age probably accounts for the fracture occurring so readily.

The rarity of fracture of the upper three ribs, especially when due to indirect violence, causes us to report this case as one of interest. Thus of sixty-one cases of fracture of ribs recorded at Guy's Hospital during a specified time, there were forty-four cases involving fracture of the fourth, fifth, sixth, seventh and eighth ribs; thirteen cases with fractures of last four ribs, and four cases only in which the first, second and third were injured. The treatment consisted in enforcing quiet, recumbent position, evaporating lotions and anodyne expectorants. Firm union took place and in six weeks the man again went to work.

Respectfully,

Eugene F. Hauck.

A RARE CASE OF VISCERAL TRANSPOSITION.

A letter from a Vienna correspondent details an interesting case of complete transposition of the viscera, a state of affairs known more technically as situs mutatus.

The condition was not discovered until after death, when it was revealed by a mere chance. A cadaver was brought before the class to exhibit some surgical procedures, and was then given to a physician who desired to make a few special operations upon it. Upon opening the left side of the abdominal cavity to perform left lumbar colotomy, a portion of intestine presented itself which resembled the cæcum with its vermiform appendix, which, as is well known, occupies a position on the right side of the body. Their curiosity being excited, the abdomen was opened, when the cæcum and vermiform appendix, together with the ascending colon, were found lying on the left side of the cavity.

The descending colon, sigmoid flexure, and beginning of the rectum lay on the right side; the liver and spleen were reversed in their positions, the liver being placed on the left side, the spleen on the right. The stomach presented the cardiac extremity to the left, the pyloric to the right side. In the thorax the lung on the left side was found to conform to the usual formation of that of the right side, having three lobes instead of two, while the right lung had but the two lobes usually presented by the left. The heart was on the right side, with its apex directed downward and to the right.

[The occasional discovery of such a condition as the above has given rise to much speculation as to its cause, and as is frequently found under these circumstances, these speculations are often devoid of all philosophy and reason: such, for instance, as its being attributed to the influence of the maternal imagination upon the fetus, or some primitive defect in the ovum itself, conditions of which there is no proof, and are no more rational than to imagine that the spermatozoon entered the ovum tail-end first, and thus turned things around.

In the ultimate forms in which life is clothed, its operations are so little revealed by its infinitely delicate manifestations, that to attempt to assign a developmental perversion to a definite cause, can result in nothing but futile speculation.]

—W. C. Barrett M. D., D. D. S., Editor of the Independent Practitioner, Buffalo, spent Saturday in the city and left in the evening for Topeka, Kansas, to attend the Kansas State Dental Asso-

oacitin.

—A request. "I want to get my son through your examination if possible, but if he is not smart enough for that, then I shall send him to a medical college and make a doctor of him." (*Pharmaceutical Record.*)

—In habitual constipation Merck recommends as a choice dispensation:

Ext. fld. cascar. sagrad.
Syr. cort. aur.
Aq. destill. aa ℥ii.
M. S. One teaspoonful three times a day.

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REPORTS ON PROGRESS.

GENERAL SURGERY.

BY H. H. MUDD, M. D.

In lieu of a report on recent surgical progress, the following brief abstracts of papers on surgical subjects read at the recent meeting of the American Medical Association, are offered as containing matter that will doubtless be of interest to the readers of the REVIEW.

I. FIBRE-OR SPINDLE-CELLED SARCOMATOUS TUMORS.

II. INCISION, DIGITAL EXPLORATION AND DRAINAGE OF LUMBAR ABSCESSES.

III. GALVANO-CAUTERY IN DISEASE OF THE PROSTATE.

IV. AMPUTATION OF HIP JOINT FOR MORBUS COXÆ.

V. ENUCLEATION OF A NEUROMA, SEEMING TO DEMAND NERVE RESECTION.

FIBRE- OR SPINDLE CELLED SARCOMATOUS TUMORS, WITH THE REPORT OF A CASE, AND PRESENTATION OF THE SPECIMEN.

By B. A. Watson, A. M., M. D., Surgeon to Charity, St. Francis, and Christ Hospitals, Jersey City.

This class of tumors, first described by Lebert as fibro-plastic tumors, is of frequent occurrence. The name of recurrent fibroids has been given them by Paget, fasciculated sarcoma by Mueller, and other names by different pathologists. They vary in size from that of a filbert to that of a child's head, and may be developed in various parts of the body, but are most frequently found in the skin and subcutaneous tissues.

These growths are generally rounded or lobulated and firmly attached to the surrounding tissues. Examination after removal shows them to be firm, tough, and irregular. The cut surface has a pale red, pink or grayish tint and a streaked appearance, as if from the pressure of fibrous bands, running in various directions, and exudes a very small quantity of transparent fluid, but in tumors which have been exposed to the air until decomposition has set in, the amount is more abundant and milky in appearance.

The cell formation of the spindle-celled sarcoma very closely resembles that of recent cicatrices, and microscopical examination of them shows that they are made up of a short and narrow spindle cell with an elongated rounded nucleus, with or without nucleoli, enlarged in the middle and terminating in two fine points. These spindle cells vary greatly in size, and this fact has caused Rindfleisch to designate two varieties of such growths, viz., the "small spindle-celled sarcoma," and "the large spindle celled sarcoma." The small spindle-cells characterize a tumor which is more dangerous to life, and more prone to return when it has been removed. Besides these spindle cells, there is frequently found a certain number of round cells similar to those observed in cases of encephaloid sarcoma, and when numerous, the tumor is of a mixed form, intermediate between the encephaloid and spindle-celled. In the tumor the fibrous bundles are arranged side by side so that the enlarged portion of one cell is in contact with the slender part of the next, and these are firmly united by an intercellular substance of a hyaline character. The tissue is more dense, and hence less liable to interstitial hemorrhage than that of the encephaloid.

It is highly important in tumors of the female breast, both from a diagnostic and prognostic stand-point, that the surgeon should be able to distinguish between carcinoma and sarcoma. The following are the pathological characteristics of the two forms of tumor:

SARCOMA.	CARCINOMA.
1. Commonly develops very slowly, especially at first; may remain stationary for years.	1. Commonly develops very rapidly, and may terminate fatally within a year.
2. Rough, lobulated or lumpy. Lump may be as large as a hen's egg. Tumor finally attaining great size and becoming pediculated.	2. Slightly roughened, no large lobules. Tumor usually small and flattened on the chest.
3. Skin involved after a long interval. Morbid growth approaches the integument which is gradually thinned as by an abscess, and also frequently marked by large veins.	3. Skin becomes quickly attached to the morbid growth, is retracted, drawn in, thus giving rise to the appearance of a quilted cover. Large veins are not seen but in their stead may be observed white lines, sometimes called lymphatic varices.
4. Nipple does not retreat, and is not often changed in appearance.	4. Nipple retracts, and its end seems to be absorbed.
5. Ulceration occurs after the lapse of a long period. Skin gives way, owing to pressure on its internal surface by lumps which belong to the morbid growth, but the ulcerated border of the integument is thin, loose, and not adherent to the tumor.	5. Ulceration occurs at an early date. Skin is invaded by the morbid growth and destroyed, border is thickened, hardened and adherent to the tumor.
6. Consistence of the tumor varies in the different stages of the disease; first hard, later, soft spots may be found.	6. Consistence of the tumor never varies in the different stages. Generally firm.
7. The mammary gland remains distinct from the tumor, consequently it is not destroyed, but simply flattened and atrophied.	7. This morbid growth from the first fuses with the mammary gland and soon destroys it.
8. Sarcoma does not become adherent to the deep-seated parts.	8. Carcinoma adheres quickly to the deep-seated parts, especially the pectoralis muscle,
9. Does not involve the lymphatic system in the early stages of the disease, and rarely even in the late.	9. Involves the lymphatic system in the early stage of the disease, which is always steadily progressive.
10. The morbid growth returns in the majority of cases, commonly in the same organ, and these relapses indicate a finally fatal termination.	10. The morbid growth will surely and speedily return, usually in some other part of the body, and a fatal termination rapidly supervenes.
11. The general health of the patient often remains quite satisfactory, even after the tumor has been removed several times.	11. The general health is quickly impaired, the cachexia becoming very marked in the early stage of the disease.
12. The progress of the disease is rarely attended by much pain.	12. The progress of the disease is attended with severe pain.

The above diagram presents the distinctive characters of carcinoma, and sarcoma as a class, of which Rindfleisch has designated the following four varieties, viz., cysto-sarcoma fibrosum, cysto-sarcoma mucosum, sarcoma pericanaliculare, sarcoma pericanaliculare diffusum; and Cornil and Ranvier two—one in which the sarcomatous mass is developed in the lobules, at those points where the lactiferous ducts are most numerously distributed, and a second, in which the sarcomatous tissue, which is supposed to originate within the lactiferous canals, pushes back their walls, extends into them, in the form of simple papillæ, which distend these tubes and frequently become attached to them by a narrow pedicle. When, besides this distention and distortion of the lactiferous ducts, there is also a collection of mucoid secretion within them, we have the lacunary cysts which Billroth has described under the name of adenoid sarcoma.

The symptoms of the spindle-celled sarcoma differ somewhat from those that have been described as characterizing the general class of sarcomatous tumors. When the growth makes its appearance in the breast, it is commonly indicated by roundish nodules which have their origin in the connective tissue surrounding the lactiferous ducts. The pathological and microscopical appearances of the spindle-celled sarcoma of the breast are very similar to those presented by the same morbid growth in other parts of the body. The spindle-celled sarcoma of the skin freqnently shows itself in the form which soon involves the entire thickness of the integument, and its breadth may exceed its thickness. This growth sometimes ulcerates. Another form takes its origin from the connective tissue beneath the skin, and should it be attached to the aponeurosis, it will be almost immovable. For the same reason, when

the growth springs from the periosteum, it is felt as a mass which seems to be incorporated with the bone. These tumors, when they involve the periosteum, are commonly attended with little or no pain, and develop very slowly, their action being more torpid than that of the spindle-celled sarcoma of the soft parts. The belief that the tumor is more fatal when it involves the periosteum, may, in some measure, be due to the fact that the severe character of the operation required for its removal, commonly causes the postponement of operative measures so long as to fail in accomplishing the object sought.

The constitutional infection in the case of any spindle-celled sarcoma unquestionably takes place through the circulatory system, the lymphatics taking but little or no part in this morbid process.

It is prone to return after removal, but, in spite of numerous relapses, the health of some patients remains good. In common with other forms of morbid growth, traumatism has an unfavorable effect in this form of tumor. In consequence of a severe blow or concussion, an essentially harmless and chronic disease may take on a very rapid and unfavorable action. We can thus understand the unfavorable results following incomplete removal, and appreciate the necessity of completely extirpating the diseased mass, in operative interference.

The disease appears in all classes and at all ages, but most frequeutly in the middle periods of life, although cases have been observed at the extremes of life. Traumatism is an etiological factor.

The diagnosis can not be based on any pathognomonic signs. It is by carefully weighing the symptoms as a whole, that we are able to diagnose the malady, and even by careful study we may often only arrive at a serious presumption as to its nature.

The fact of its proneness to develop in the fascia lata or some other fibrous tissue is to be remembered. When involving the periosteum it may readily be taken for an exostosis or an enchondroma.

When affecting the breast it may be mistaken for a scirrhus, carcinoma, or even encephaloid cancer. The fact that the axillary lymphatic glands are not involved, or only very late in the disease, taken with the differences pointed out in the diagram, will help us to a diagnosis. A secondary sarcomatous growth appearing in a cicatrix, following the removal of the primary disease, must be distinguished from keloid. The latter, after attaining a certain size, will come to a halt and shrivel up and finally disappear, while the former will progressively increase in size.

Remembering its steady advancement, its proneness to return after removal and to become multiple in various organs of the body, the prognosis must be very grave in this class of tumors, but nevertheless it is not so bad as in cases of carcinoma or encephaloid sarcoma, the progress being slower, and surrounding tissnes less rapidly involved. The location of the tumor as determining the feasibility of complete removal affects the prognosis.

The treatment is necessarily entirely surgical. Every particle of the tumor should be removed, and at as early a date as practicable. Let not a single morbid cell remain behind. Incomplete operations hasten the development of the morbid growth, and should be performed only in extraordinary cases, as in impending suffocation.

Case. C. F. H., a boy, in fairly good health up to the age of twelve, when his mother discovered a tumor about the size of a goose egg, posterior to the middle third of the left femur. Patient had never complained of pain or other inconvenience from the tumor. In about a month after its discovery the skin over the tumor began to take on a mottled appearance. These spots increased in number and became of a brownish black color.

The tumor was removed Jan. 4, '86, fourteen months after its discovery. The sciatic nerve was found to pass through the lower third of the tumor and to deeply groove the upper two thirds. It was slightly injured in disengaging it from the tumor. The implication of the nerve is interesting as affording an explanation of the nutritive disturbance

which has been noted, and which caused the death of the patient, for within a few hours after the operation the mottled appearance previously mentioned began rapidly to extend, and at the expiration of thirty hours after the completion of the operation the gangrene had reached the toes and abdomen.

The tumor was examined by Dr. Frank Ferguson, pathologist of the New York Hospital, who pronounced it a fibro-sarcoma.

Incision, Digital Exploration and Drainage of Lumbar Abscesses.

By Edmund Andrews, M. D., L.L. D., Prof. Clinical Surgery in Chicago Medical College.

Lumbar abscesses are not intrinsically more dangerous than others. They are only rendered especially perilous by incompleteness of our explorations and consequent inefficiency of local treatment.

The first step toward safety is the exploration. We are confronted here by the published opinions of some of our ablest men, especially of the older class, that the opening or even the aspiration of lumbar abscesses is exceedingly dangerous.

The cases related in this paper and the established facts of antiseptic snrgery prove that where a lumbar abscess can be freely opened and kept thoroughly disinfected, there is positively no danger in the proceeding. Assuming that in a given case the open method with regular disinfection is necessary, the thorough exploration of the interior of abscess is a prime necessity, and it cannot be accomplished without the aid of the surgeon's finger. The time selected should be the earliest at which a diagnosis can be made, while the abscess is a simple sac without any complicated pouches. In opening an abscess of this nature, that points in the lumbar region, the first step is to open the external sac widely and explore its floor with finger or probe for the smaller opening leading to the interior of the sac which is uniformly present and usually situated at the outer border of the mass of the erector spinæ muscle or in the angle where the crest of ilium approaches the spine. The finger should examine the interior of the cavity through this opening, enlarged if necessary, the spinal column examined to search for necrosed portions, or for the excavations when the sequestra have previously exfoliated. The limits of the sac, if too large to be explored fully by the finger, should be determined by a long bent probe or flexible bougie. When the abscess opens above Poupart's ligament, it presses away the peritoneum so that there is usually no danger in opening it in front of the anterior superior spine of the ilium, and a little above the ligament a free incision must be made to admit the finger. If it burrows upward it should be traced with a flexible metal sound suitably bent. If the channel is traced into the lumbar region, the patient should be turned on his face and the sound cut down upon, much as an incision is made for lumbar colotomy, only keeping more toward the spine and passing into the cavity through the groove, along the external border of the common mass of erector muscles. Drain tubes should be inserted in all openings. The upper tube will then take away the pus at its source and prevent its flowing down to the lower cavities, and the latter can be healed without difficulty, thus reducing the dangerous size and complexity of the cavern, and giving us a comparatively simple and small abscess to deal with.

Case I.—A woman of middle age entered Mercy Hospital with a fluctuating tumor four inches in diameter in the right lumbar region, impulse on coughing: the exploratory needle brought pus. Free incisions of the tumor under anæsthesia. The external muscles of the trunk formed the floor of the sac. A hole about a quarter of an inch in diameter was found in the groove at the external border of the erector spinæ, communicating with an internal cavity some seven inches long and three broad. The inner border was formed by the spinal column. The vertebræ were exactly normal in form. The bone covered with healthy periosetum. The upper end of the cavity was a rounded *cul de sac.* The kidney and ascending colon were lifted

forward and inward by the pressure of the abscess. Inner surface of lower ribs found to be healthy. The lower end of the abscess a rounded pouch like the upper. The patient under daily antiseptic injections and dressings rapidly improved in health and is now nearly well.

Case II.—An abscess with fistulous opening in right lumbar region. The result of Pott's disease caused by a fall. The vertebra opposite the opening was eroded and thickened by provisional callus, and a concave excavation like the bowl of a spoon, existed in its side, and spiculæ of bone were found in the cavity. The affected bone was covered with a smooth periosteum and the caries had apparently become spontaneously cured. Free drainage and antiseptic irrigation. Patient did well as long as she was under observation.

Case III.—A case similar to above, in a boy aged seven. Did well as long as he was under observation.

Case IV.—Is a complicated one. The patient was a man of 42 years, came from a distance with the belief that he had hip disease. An abscess pointed at the outer side of the left thigh. Examination of the hip revealed no disease of that joint, but a moderate, but distinct Pott's disease with the usual deformity was found affecting the ninth dorsal vertebra. There was a small fistula yielding only a slight discharge at the angle where the crest of the ilium approaches the spine. The abscess at the middle of the outer part of the thigh being opened and explored by a long probe it was found that a long track connected it through the sciatic notch with the pelvic cavity. On enlarging the fistulous opening above the crest of the ilium and exploring the inner cavity, it was found that three channels existed. The one communicated through the pelvis and sciatic notch with the abscess cavity in the thigh, the other extended forward and terminated near the ant. sup. spinous process of the ilium. This was widely opened above Poupart's lig. Through this opening the index finger could be made to touch the other inserted through the posterior opening. The peritoneum seemed thickened making a strong barrier between the fingers and intestines. The third channel led directly up the psoas muscle and behind the kidney. The finger, introduced into this latter sinus was cut down upon, just below the twelfth rib, when, inserting a probe, the track was traced still onward, behind the diaphragm, towards the body of the deformed ninth dorsal vertebra. All the cavities were drained and treated with daily antiseptic injections. The diseased vertebra might have been reached by exsecting about two inches of the shafts of the ninth and tenth ribs, and perhaps a successful scooping of the body of the diseased bone effected, but the difficulty of ligating the intercostal artery that winds around the vertebra in this situation caused the author to defer encountering this complication unless positively indicated. The solution of the carious bone in such cases, in the author's experience, has been accomplished by a weak solution of muriatic acid conveyed to the affected spot through an elastic catheter. The patient was returned to his home, with a letter of advice to his physician counseling that measure, as well as the regular disinfection of the channels below. No shock nor hectic followed the operation, and at the last advice the patient was steadily improving.

Case V.—Male, age 36, no evidence of Pott's disease present. A tumor gradually formed in the right iliac fossa, extending laterally further than is usual in perityphlitis, as it could be felt above the crest of the ilium. Fluctuation evident, above the outer third of Poupart's ligament. Abscess freely opened and evacuated. A large reservoir of pus occupied the iliac fossa, but no caries of the bone was detected. A flexible metal sound passed upwards a distance proved by measurement, to reach above the kidney. The tip of the sound in this situation was cut down upon. The cavity narrowed considerably, extended on up, well behind the kidney. The patient did well at first, but in a short time a hard inflammatory swelling appeared in the iliac fossa of the opposite side. The

temperature rose, and the patient became delirious. The swelling increased in size, but presented no fluctuation. However, on opening it, a collection of putrid pus was found deep down and covered by inflammatory deposit. A day or two later, the old channel of communication from the other abscess to this one, which seemed to have become blocked by the swelling or by clots, reopened, so that injections could be thrown across from one iliac abscess to the other.

The delirium continued, and the patient died, probably from septicemia. The author looks upon this case as an evidence of the danger and folly of postponing the evacuation until long passages have burrowed into distant parts, and the whole system becomes poisoned by septic absorption.

The author, after stating the conflicting views as to the method of treating these abscesses, held by different authorities on surgery, concludes as follows as the result of his experience:

1. Some lumbar abscesses recover simply by a series of aspirations, with or without antiseptic washing out. This method is simple, and, when choice presents itself, should be tested first.

2. If the aspiration plan fails, or is inapplicable, in consequence of the abscess being already open, then free incision, exploration, and complete disinfection should be carried out at once.

3. If residual abscesses appear in the course of the treatment, they should be served in the same way as the primary one.

4. The sudden evacuation of a large cavity filled with pus, provided the sac is immediately disinfected, and kept so, has none of the dangers supposed by the old authors to beset the case.

Galvano-Cautery in Diseases of the Prostate, Bladder and Urethra.

By Rob't Newman, M. D., New York.

No rational treatment has thus far been adopted for the cure of the hypertrophy of the prostate and its attendant evils, from which so many old men suffer. A few cases have been reported as cured, either by injections, destruction, incision or prostatotomy, etc, but no successful method of cure has been determined.

For the last five years the author has endeavored to apply galvano-cautery directly to the hypertrophied prostate, but the mechanical difficulties of making a suitable instrument delayed the carrying out of the idea. The instrument, as completed after laborious experiment, is in the shape of a catheter, of smooth polished metal, with a short curve. At the end of its convexity is a fenestrum, in which is placed a platinum wire to be heated. This wire may be either straight, curved or serpentine, in order to get more or less cauterizing surface. The other end of the instrument is straight and forms the handle. From this end emerge two wires, the heat conductors, each of which is connected by a binding screw to electrode wires, which respectively go to the positive and negative poles of the battery. The current breaker is attached to one pole at the handle. Any good galvano-cautery battery may be used with the instrument, but the current must be so regulated as to yield the exact electrical potential to be used for the operation. A Dawson is found to work satisfactorily.

Experiments are necessary to establish the standard. The heat must be of a high red, just short of white, the instant the current breaker is touched. This heat must be kept while the wire is in contact with the mucous lining. Less electricity is needed to heat a fine wire in dry air, than to heat a wire held against a moist surface. The strength of the fluid is adjusted to these requirements, the elements are immersed in the fluid to a certain depth, the electrode wires are regulated with regard to their size, length, etc.

The storage battery or dynamo-machine may be used.

In experimenting with the instrument on mucous linings, we find that a galvano-caustic application of the same power acts differently, according to the length of the time of contact with the tissues. Thus the effect can be

regulated from a light blush to the total destruction, or even amputation of the tissues.

It is a mistaken idea that the galvano cautery necessarily destroys the tissues and leaves cicatrices behind. Such effects can be avoided by the skilled operator. The cautery has been used on the face without leaving any marks, as well as on the delicate naso-pharyngeal mucous membrane, with excellent results. All depends on the manner of using.

In its application to diseases of the prostate the method adopted and recommended by the author is the slow (regular) method, from a moment to three seconds' duration, which causes not more than a white film over the point touched, similar to that produced by nitrate of silver. The following are the details of operating with the instrument in question: The instrument is connected with the electrode wires which are then attached to the battery. The fluid in the cells must be of the right standard, and all the machinery in good order. When all is ready test the efficiency of the current to exclude possibility of failure. The prostatic portion to which the cautery is to be applied must have been ascertained, and the distance from the meatus measured. This distance is then marked on the instrument by a small rubber band. The patient may stand or lie down, as he prefers. The instrument is then introduced. The operator will know by touch and by measure when it is in the right place. One hand holds the instrument, the other sets the battery in action, and then touches the little spring to connect the interruption, a flash follows, the finger disconnects the current. In one moment the operation is done, and the instrument is withdrawn. It causes no pain, and in some instances the patient scarcely believes that anything has been done. He is able to walk about, and is not detained from business. The séance should be repeated in about three days, or even in two. The instrument must be kept scrupulously clean, as the cautery will fail if there is dirt between the connections.

How does this method effect a cure? The end sought is first to remove the obstruction, so that the bladder can discharge all the urine, and at regular intervals, and then in order to make the cure radical, to reduce the prostate to its normal size. The theory is that the cautery first acts as a tonic, and next as an astringent, the mucous lining shrivels up, the glandular tissue contracts, and by shrinkage the size is diminished. The stimulation gives new life and healthy action. Each repetition of the operation acts similaaly, and, perhaps on another part of hypertrophy, and the operation should be repeated until a cure is affected. The cautery must be given just severe enough to accomplish the object and to avoid prostatorrhea, prostatitis, etc.

The practical workings may be judged by analogy, from observations of the cautery in hypertrophied tonsils. Great similarity of anatomical structure exists between the tonsils and the prostatic gland. In hypertrophy of the tonsils after other remedies had failed, the author has succeeded by using galvano-cautery with this same instrument, and in young children, without any resistance on their part; and the result of the treatment has convinced him that the practical action is as it has been theoretically described. In the treatment of enlarged prostate by galvano-cautery, it is absolutely necessary to pay attention to other symptoms and troubles of the patient, according to established principles. Pain must be allayed. The bowels must be kept regular, and while the process is being used, the urine should be drawn off and the bladder washed out at regular intervals.

Another possible method of using the instrument which the author calls the *rapid*, consists in the destruction of the obstructive part of the prostate in one sitting. This is done by holding the cautery on the offending part till the cautery has burned down and made room for the passage of the wire. The objections to this method are the immediate shock, followed by pain and inflammation which generally cause a new obstruction, partly by spasm of the bladder and partly by *debris* of the destroyed gland. There is even danger of septicemia. At best the patient is kept in bed in pain and anxiety for a long time.

Another method is the *radical.* It consists of a perineal section, and at the same time the total destruction of the hypertrophied part of the prostate by galvano-cautery. This can be done with the instrument presented, either per urethram or per perineum. The after treatment consists in antiseptic irrigation and drainage of the bladder through the perineal wound. It should not be adopted except where the milder method is inapplicable.

Galvano-cautery has advantages over the knife, it avoids hemorrhages and leaves no raw surfaces to heal, the cautery protects the amputated surface with a scab under which its healing process takes place.

The instrument has also been used to advantage in villous growths and ulcerated conditions of the neck of the bladder, and in urethral granulations.

IV. Amputation at the Hip-Joint for Morbus Coxæ, With a Case and a Specimen.

By Donald McLane, Madison, Michigan.

The author shows in this paper that cases of hip-joint disease that do not admit of relief by any other means, may still be saved by the extreme measure of amputation at the hip-joint.

The case presented, a youth of 17, gives a history of a contusion to left hip by a fall eight years before he came under observation. It was not until the following winter that he became so much disabled as to require the aid of a cane in walking. In the early stages extension and a brace were used without benefit. Eighteen months ago, an abscess pointed over the trochanter major and was opened; soon after a swelling appeared on the internal aspect of the thigh, and was opened. These abscesses resulted in sinuses, which never ceased to discharge. At the time of his admission to the University Hospital the discharge from these sinuses was not very profuse, but it was very fetid. Patient was, at that time, much emaciated, but general health good. The thigh flexed on the trunk to a right angle and immovable, the muscles atrophied and hopelessly contracted. In these circumstances, the operation of resection seem contraindicated, and for the following reasons:

1. The disease of bone was too extensive to admit of any hope of permanent relief by that means.

2. Even supposing that the diseased bone could have been removed, the limb would still have remained a useless and unsightly encumberance.

Amputation at the hip-joint presented itself as the only and the last resort, and with careful exploration to determine the state of the acetabulum and os innominatum as the first step in the operation, and essential for deciding as to its propriety and strict precautions against the loss of blood and septic infection, decided to offer this chance to the patient.

On removing the great trochanter and the head of the femur, the acetabulum was found to be the only part of the os innominatum involved, and that not so deeply, but that the carious portions could be removed. The abdominal tourniquet was now applied and the operation completed, with very little loss of blood.

The recovery was rapid, and, on April 9th, five weeks after the operation, patient returned to his home in good health, and has remained so up to this time.

The specimen shows a degree of disease of the shaft of the femur that clearly shows that an attempt to remove diseased portions by resection would have been futile.

On the Value of an Attempt at Enucleation in a Neuroma which Seems to Demand Resection of the Nerve, Illustrated by a Case.

By Dr. Moses Gunn, Chicago, Ills.

Case. B. H. Fourteen years ago patient noticed a small lump on the inner aspect of the right arm at the union of the upper with the middle third, which was firm in structure, movable and painless. It has increased more rapidly in size during the last two years, and patient has experienced in-

creasing pain in the ulnar side of hand, extending to the little finger and ulnar side of ring finger. Pain has become constant and severe. It is exquisitely tender to the touch at the upper portion where the nerve enters the mass. Exsection of the mass by nerve resection was advised and consented to. The tumor was cut down upon and exposed. The entrance and exit of the nerve could be distinctly traced. The nerve-fibres became lost in the tumor at about three-fourths of an inch from either end. It occurred to the operator to attempt an enucleation. On incising the tumor it was found that a capsule, of a couple of lines in thickness, could be separated from central portion of the mass; he was enabled readily to enucleate the adventitia proper from the capsule, which was composed principally of neoplastic tissue, involving and obscuring completely the widely separated nerve fibres. The tumor was pronounced to be fibrous in structure. The wound healed readily and the patient was discharged in three weeks, free from impairment of nervous function in the parts to which the ulnar nerve was distributed. The author here draws attention to the conservative power of nature which supplies neoplastic tissue to relieve the pressure put upon the nerve-fibres by the increasing size of the tumor, yet in no wise interfering with nerve function when the tumor was removed.

The tumor recurred in four months, smaller than before, and the mass was removed by resection of the nerve. On examining the specimen it was found that the fibroma could, as before, be readily enucleated from its capsul.

The fact that the neoplasm had recurred after removal decided the operator not to employ the enucleation in the second operation, but to resort to the more radical measure of resection. The possibility, however, of enucleation, in cases where we should, from general appearances deem it impossible, should be borne in mind, and an attempt in that direction be made before resorting to the more radical procedure.

ORIGINAL ARTICLES.

AN EPIDEMIC OF DIPHTHERIA TRACED TO ITS SOURCE.

BY BENJAMIN LEE, A. M., M. D., PH. D.

Secretary of the State Board of Health of Pennsylvania.

Read before the Sanitary Convention in Philadelphia, May 12, 1886.

Every opportunity for tracing an outbreak of preventable disease to its presumably preventable cause is precious to the sanitarian. It speaks more loudly than mere words ever can to the public ear, which he desires to impress.

Such an opportunity, most striking in its character, has occurred in this state during the past year with reference to that widespread and fatal zymotic, typhoid fever. I wish in this brief paper to parallel it with another which I had occasion to study some years since, and which is not less instructive because less recent, in regard to that equally prevalent and even more destructive contagion, diphtheria. Let me, at the outset, call attention to the difference in the mode of introduction of the poisons or germs of these two diseases into the human system. Of course no rule is without its exceptions, but it may be broadly stated that the typhoid germ is swallowed either in food or drink, oftenest in water, and flourishes and commits its most noticeable ravages in the digestive tract or alimentary canals, while the diphtheritic germ is inhaled and commits its ravages in the respiratory tract, the nostrils, fauces, larynx, wind pipe and bronchial tubes.

I had the honor, in the spring of 1878, to deliver the "Address in Hygiene" before the Medical Society of this State in the City of Pittsburg. That city had just been passing through a most mournful experience in an epidemic of the latter disease, and I felt that the occasion ought to be improved.

A better text from which to preach a sanitary sermon no hygienist could have desired. Following the hint of Shakspeare's sagacious observer who found "tongues in trees, sermons in stones, books in running brooks, and good in everything," it was an easy matter to read a homily from the four hundred little white headstones which marked four hundred new-made graves on the beautiful hillside above the bank of the rushing river, just outside the city; it required little imagination to hear the leaves whispering together in the

night wind a sad requiem over those four hundred little mounds, green with the grass of their first summer; and no imagination whatever to perceive that beneath our feet, as we walked the streets of that busy town, were running, through tortuous subterranean courses, noxious streams, whose pestilential exhalations would prove, as they had proved, messages of death to many a household. The "good" which we were to look for here, was to be found, in a fresh opportunity to educate the public mind and quicken the official conscience in regard to the sin of filthiness.

The mind that can carefully peruse this plain recital, and consider it in connection with the excellent map which Dr. Snively, the efficient registrar of vital statistics of that city, has been good enough to furnish me to illustrate it, and fail to be convinced that sewer air will cause diphtheria, could not comprehend the simplest proposition in mathematics.

The circumstances which gave this epidemic its especial importance as an educator and an illustration were its intensity, the rapidity of its rise, its restricted localization, and the proved existence of unsanitary local conditions together with unusual meteorological exciting causes.

Sanitarians are often perplexed in their efforts to follow up a chain of evidence, by finding this or that link missing, which, although not needed to satisfy themselves, is essential to convince an unbeliever. In this case none are wanting.

The intensity of the outbreak may be appreciated when I say that the City of Philadelphia, with a population six times as large, has never had so many deaths from this disease within a corresponding space of time.

As to the rapidity of its rise, its mortality ran up from zero in June to ninety-two in August, and two hundred and sixty-seven in October.

For such a startling increase in the prevalence of a single disease, some remarkable cause must have existed. The Board of Health set itself to work to discover this cause, and, if possible, to counteract it. The thoroughness of their investigation might well be imitated in some larger centres of population, in which equally combustible elements are only awaiting the spark which shall kindle them into a wide-spread conflagration. "Except ye reform ye shall all likewise perish."

As to the local conditions, distribution of the disease, and exciting causes, I now gladly allow Dr. Snively to speak.

"During the seven months, immediately preceding the outbreak," he says, "there were certified from widely-separated and remote parts of the city, only thirty-five deaths from diphtheria, distributed according to season as follows:

January, 9; February, 3; March, 4; April, 3; May, 5; June, 3 and July, 8. These were distributed topographically as follows: East-end wards, 8; old city wards, 12; south side wards 15. Of the 12 deaths which occurred on the south side, but four were located in what we may appropriately designate (in the light of subsequent events) as the infected district, viz., those portions of the twenty-sixth, twenty-seventh, twenty-eighth and twenth-nith wards, located contiguous to, or drained by, the Washington street and the Twentieth street sewers. The record for the month of August shows 61 deaths, of which number 43 occurred in the infected district, while of the 465 deaths which occurred during the eight months, from August 1, 1877, to April 1, 1878, 174 were located within the limits of the infected district.

"The territory to which I have applied this title is ninety acres in extent and triangular in shape, being bounded by Carson street, Twenty-first street, and the base of the hill which rises abruptly to an average height of 450 feet above low water mark in the river. Carson street, which may be considered to represent the average level of the district, is 60 feet above low-water mark. Owing to the fact that the streets running parallel with the river, are, as a rule, exceedingly level, the sewers which traverse them are of very low grade.

"In this district, during the month of August, 1877, diphtheria suddenly began to prevail in a manner to attract attention, and in a very short time threatened to assume the proportions of an epidemic. As previously stated, the deaths in this district during the first month of the outbreak numbered 43. Estimating one death to every five cases, there must have occurred to produce such a result, over 200 cases.

"The evidence is strongly presumptive, that in the sewers, particularly the one traversing Washington street, in which a solid mass of filth, from one to three feet in depth, had accumulated the specific poison, or whatever you choose to call it, which produces the disease known as diphtheria, had found a lodgment and a favorable soil for its development and multiplication. To the local sewers, undoubtedly, was due the fact that the disease selected this district as its habitat, and, from this locality as a centre, radiated, presumably

by virtue of its contagious properties, in every direction.

"The first cases occurred in immediate proximity to the Washington street sewer. This sewer, including its branches, is a little over a mile and a half in length. That portion of it running from Tenth to Seventeenth street was built in 1851. In 1866 it was extended to the river. Beginning at the foot of Eighth street, its main stem traverses that street to its intersection with Carson, from this point it passes diagonally through private property to the intersection of Ninth and Washington, and from this point traverses Washington to Seventeenth street. It is constructed of brick with five feet internal diameter from its mouth to Twelfth street, four feet in diameter from Twelfth to Fourteenth street, and two feet ten inches in diameter from Fourteenth to its terminus at Seventeenth street. The average grade of the main line of this sewer is said to be one foot per hundred. Judged by the grade of Washington street from Ninth to Seventeenth, it must be considerably less in this part of its course. It has twenty-nine street drops, none of which are trapped, the emanations therefrom being a source of great complaint. The refuse from a slaughter house drains into the drop at the corner of Washington and Eleventh streets. At the time of the outbreak of diphtheria, this sewer had not been cleaned since its construction in 1851—a period of twenty-six years, and, as previously stated, was 'choked' throughout the greater part of its course, with a mass of filth, from one to three feet in depth."

So much for the Washington street sewer and its high capabilities as a contagion breeder. Let us now follow Dr. Snively in his examination of the other "running brook."

"Following closely upon the development of the disease along the Washington street sewer and its branches, a similar development occurred among the more elevated branches of the Twentieth street sewer, so that the outbreak may be said to have been simultaneous throughout the infected district.

"The Twentieth street sewer, including its branches, is about two and a half miles in length, and was built in 1867. Its main stem is constructed of brick with six feet internal diameter. Its main branches are also constructed of brick having diameter of five, four, and three feet. A pipe sewer four feet in diameter—being a continuation of the Eighteenth street branch—extends a distance of 275 feet up the steep hill side to Pine street. This sewer would appear to have acted as a chimney or ventilator for those on the flat ground below, as the deaths were most numerous in the imm diate vicinity of its terminus."

Thus the poor wretches who supposed that by taking up their abode upon high ground they were going to insure themselves a healthy location, in consequence of their own ignorance of the simplest laws of physics, and the worse than ignorance of their constituted authorities were only choosing a spot where the deadly infection might most surely reach them. "The remaining branches are constructed of 15-inch pipe. This sewer has a good grade with the exception of those branches which traverse the streets running parallel with the river. The street drops connected with it are provided with traps, with the exception of seven on Twenty-first street, which are the source of much complaint because of offensive emanations. About a dozen slaughter-houses are located near its terminus on Twenty-first street, the refuse of which is conveyed by it to the river."

As showing how carelessness and ignorance may convert that which should be an aid to sanitation into a positive instrument of atmospheric poisoning, it is alleged that the drops were also constantly becoming offensive, owing to the fact that people ignorantly threw stale eggs, vegetables and all sorts of material into the drop, the most convenient place of deposit, under the delusion that they would, in some way or other, get into the sewer and be carried away. It will be readily seen that from this cause, the drop and not the sewer may often be the true source of offensive emanations.

"Both the Washington and Twentieth street sewers are without systematic provision for ventilation. Manholes are provided at intervals, but are covered with tight-fitting cast-iron lids."

The existence of fearfully insanitary conditions in the City of Pittsburg previous to the outbreak of diphtheria, is thus clearly shown. But these conditions were evidently no new thing. They had existed for years back, only growing each year in intensity and lethal power. To what are we to attribute their sudden passage from the passive to the active condition? What was the spark which exploded the mine? The explanation of Dr. Snively given below, is undoubtedly the correct one. It has a special significance for those of us who live in Philadelphia. There are large sections of that city in which during summer storms of the slightest severity, the sewers not only refuse to perform their ordinary duty of carrying off

the rain-fall, but vomit forth their stinking contents until the streets are, for squares, flooded knee-deep. What must the effect of this pressure be upon the traps of houses on a higher lever. I venture to say that there are few houses in the city in which, with a strong southeast wind and a high tide, one or more traps are not forced in the manner indicated.

"In cities which drain into tide-water," says Mr. Edward S. Philbrick, in the *Plumber*, "the outfalls of the sewers are generally covered at high water, either every day or at spring tides. If the ends have no gates, the tide enters and fills the sewer so far back as its level allows. If the gates exist they shut with the flow of the tide, and sewage accumulates behind them with a result often almost exactly similar to what would occur without gates. In either case a large volume of air is driven up from the outfall towards the ramifaction of the system by every flood tide which covers the mouth of the sewer, only to be drawn back again when the ebb tide allows the sewer to empty itself. If this air does not communicate freely with the outer air, a pressure of several feet of water must necessarily result, alternating with a vacuum to the same amount every twelve hours.

"Large variations of pressure inside the sewers may also arise from the variable quantity of sewage flowing in them. Nearly all the sewage is discharged from the houses during the hours of daylight, the flow during the night being very small in comparison. Hence a periodic increase and decrease of the amount of air space within the sewers, dependent upon and varying inversely with the amount of sewage flowing. This is particularly noticeable among manufacturing establishments, where much water is used during working hours, and which do not run during the night. Of course, the air must leave the space to make room for the sewage in the morning; and, as the flow of sewage diminishes in the evening, the outer air crowds in to fill the vacuum by whatever openings or ducts are most available.

Dr. Snively remarks:

"Sewers will always be dangerous enemies in our midst, until the sanitary engineers show us how to ventilate them; until this be successfully accomplished, the residents possessing sewer connections, will be compelled, in order to protect their health and lives, to resort to traps. These, in whatever manner constructed, may, under certain circumstances, be unreliable. During a heavy rainfall the sewers are filled with water. The gas must, therefore, be displaced; and as the man-hole covers are tight, and the street-drops already trapped, are rendered still more secure at this time, by the flood of water pouring through them, it must of necessity blow out the weaker traps in the house connections and enter the dwellings.

"It is exceedingly probable, that to a series of events of this character was due the outbreak of diphtheria among the south-side sewers, during the month of August, 1877.

"The records of the signal office for the year 1887, show that prior to July 2, there occurred no heavy rainfall, or sudden and violent rain storm, of short duration but sufficient to fill the sewers. During the night of July 2, rain fell to the amount of one and a half inches in seven and a half hours. This was equal to 20-100 inches per hour, and must have poured an immense volume of water into the sewers. During the afternoon of July 27, there occurred a rainfall of 50-100 inches in a storm of one hour's duration, sufficient to test their utmost capacity." This would cause violent surface flooding of short duration. Its effect upon the sewers may be inferred from the fact that the velocity, force, and volume of water was sufficiently great to sweep a man, who was engaged in cleaning the Twentieth street sewer, a distance of 880 feet into the river. "This disturbance of the sewers preceded by but a few days the outbreak of diphtheria. On August 12, rain fell to the amount of 40-100 inches in a storm of thirty-three minutes' duration. Again, on August 15, rain fell to the amount of 60-100 inches in sixty-five minutes. We find, therefore, that there occurred daring the year 1877, one heavy rainfall, and three sudden and violent rain storms of short duration, but amply sufficient upon each occasion, to cause an immense volume of water to be discharged from the hill-side into the sewers, the effect of which, as previously described, would be to force the sewer gas through the connections and into the dwellings. The date of occurrence of these four disturbing events, coincides to say the least, in a very supicious manner, with the outbreak of diphtheria in this locality."

It is claimed by many sanitarians that the plan adopted in Pittsburgh, and in most of our cities of making the sewer also the carrier of storm water, is a mistaken one. One ground for this opinion is that just expressed so clearly and forcibly in the last quotation. The other, or one other, is that the sewer must be made very much larger than its legitimate object demands, and hence be comparatively empty except during storms, thus affording an opportunity for the deposit of

solid material in its course from want of force of flow to flush it. The above history seems to be strongly confirmatory of this view.

Such being the facts with regard to the danger of imperfectly protected sewer connections, is it not almost inconceivable that individuals could be found sufficiently reckless to omit all precautions whatever in forming such connections? And yet we are told that the testimony of the street commissioner is, that but a small proportion of the property owners possessing sewer connections have been at the trouble or expense of providing them with proper traps and ventilators. Upon this subject, also, Dr. Thomas, in his report to the Board of Health, says: "The first, and a majority of the cases seen by me, were in close proximity to the Washington street sewer and its connections. This sewer is so badly constructed as to be a propagator of disease. A great error committed by landlords along Washington street and the side streets, is the connecting of cellars, water-closets, and cesspools with the sewers without the addition of traps or ventilators. So long as this condition of affairs exists, we must expect, and will have, "germ" diseases."

Not without its mournfnl basis of truth was the old superstition which tenanted the caves of the earth with foul dragons ever on the watch to seize and wrap in their loathsome folds the unwary mortal who ventured within reach of their pestilential breath; even stealing, under the cover of night, into human habitations, and stupefying sleeping victims with their noxious exhalations, until they fell easy victims to their rapacity. Under every home in every city lies such a cavern, filled with like noisome beasts. "Eternal vigilance is the price" of safety from their insidious approaches.

I would that I could burn the red dots upon this map, every one of which is a house of mourning, as with an indelible brand into the brain of everyone who looks upon it, so that ever afterward, when the word diphtheria met his gaze, or fell upon his ear, the course of these serpentine sewers thickly clustered with their fruitage of death, might start into relief before his mind's eye, and the thought of sewer poison instantly be present with him.

—Why were the Newark children, who were inoculated against hydrophobia, like Nebuchadnezzar? Ans. Because they were sent to *Pasteur*.

ADDRESS ON STATE MEDICINE.

BY JOHN H. RAUCH, M. D., OF ILLINOIS.

Chairman of the Section. Thirty-seventh Annual Session American Medical Association, St. Louis, Mo., May, 4–7, 1885.

ARTICLE II. Section 4 of the By-Laws of the Association prescribes that the "Chairmen the several Sections shall prepare and read, in the general sessions of the Association, papers on the advances and discoveries of the past year in the branches of science included in their several Sections."

In attempting to discharge this duty it will be well, first, to define State Medicine and the branches of science which it includes. I have been unable to find a definition sufficiently comprehensive to cover what is conceived to be properly embraced within the scope of State Medicine.

Dunglison defines it to be "the medical knowledge brought to bear on state objects, as on public hygiene and matters pertaining to medical jurisprudence.

In the introduction to his Manual of Practical Hygiene, Parkes, in pointing out the limitations of his subject, says: "In some cases the rules of hygiene could not be followed, however much the individual might desire to do so. For example, pure air is a necessity for health; but an individual may have little control over the air which surrounds him, and which he must draw into his lungs. He may be powerless to prevent other persons from contaminating his air and thereby striking at the very foundation of his health and happiness. Here, as in many other cases which demand regulation of the conduct of individuals towards each other, the State steps in for the protection of its citizens, and enacts rules which shall be binding upon all. Hence arises what is now termed 'State Medicine'—a matter of the greatest importance."

But in illustrating this "matter of the greatest importance," Dr. Parkes clearly confines State Medicine to the relation of the State to purely sanitary matters—the protection of the individual against being placed under unfavorable hygienic conditions by the action of others, as of workmen by an ignorant or careless employer, of tenants by landlords, of food consumers by adulteration, etc., etc.

De Chaumont, the fitting successor of Parkes, greatly widened this definition in the preliminary lecture of his course

on State Medicine, delivered in 1875. "State Medicine," he says, "has been written about, talked about, and quarrelled about, but it has rarely been explicitly defined, and to many it conveys no very distinct idea. It has been confounded with public health, and generally much misunderstood, the part being frequently taken for the whole, and the wider scope of its action but little apprehended. It includes the questions of public health and hygiene, general, special and individual, but its own appropriate province is such general control as will determine the several specialties in the directions most fitted for the well-being of the community. In fact we may succinctly define State Medicine to be, in quasi-legal phraseology, 'The office of the Sanitarian promoted by the State, and he predicts both its perfection and extinction when the sanitarian as differentiated from the community generally, and the State,' as a controlling and interfering influence shall have ceased to be—the one because every member of a perfected community will be a sanitarian, and the other because in such an ideal community, State interference will have become unnecessary.

There is still the limitation of the term "medicine" to the sanitarian in this definition, a distinction between preventive medicine—the field of the sanitarian, and curative medicine—the field of the physician. But I think it is coming to be recognized that such a distinction is artificial and unnecessary, and I agree with Richardson who, in speaking of the preventive scheme of medicine, says of the so-called science and art of preventive medicine: "It is not a science, it is not an art, separated necessarily or properly from so-called curative medicine. On the contrary, the study of prevention and cure proceed well together, and he is the most perfect sanitarian, and he is the most accomplished and useful physician, who knows most both of the prevention of disease and of the nature and treatment of disease; he who knows, in fact, the before and the after of each striking phenomenon of disease that is presented for his observation.

In this evolution of a definition one or two more quotations may be admissible. Addressing the Association at the Atlanta Meeting, in 1879, on "The Regulation of Medical Practice by State Boards of Health as Exemplified by the Execution of the Law in Illinois," Dr. H. A. Johnson suggested, in his conclusion, "that it is the duty of the State to protect its citizens from the injuries they may sustain from the practice of incompetent physicians and surgeons as well as from any other source of danger to public health."

And in the summary, prefacing the Sixth Annual (1883) Report of the Illinois State Board of Health, it is observed that "Boards of Health are created and maintained for the conservation of the interests of health and life. Ordinarily their functions are limited to dealing with sanitary questions; with the removal of the causes of preventable disease and premature death. The Board, however is also charged with the execution of the act to regulate the practice of medicine in the state; and thus the medical profession, one of the most important agencies which is concerned with the interests of health and life, is brought within the scope of sanitary legislation. To improve the status of the individual practitioner, and to develop a well-trained and thoroughly educated medical profession, must result in increasing the value of this force in sanitary science and public hygiene; a force which, in the nature of things, must always exist as long as there are physicians and patients; and the character and influence of which must always hold a direct relation to the tone, the attainments, and the competency of those by whom it is exerted." The application of the term State Medicine is thus seen to have been successively extended from the agency of the State in matters of hygiene beyond the control of the individual, first to measures of preventive medicine in general, and thence to curative medicine in so far as it is the duty of the State to regulate medical practice.

State Medicine may therefore be now defined as the connection of the State with *that branch of science which relates to the* PREVENTION, CURE *or* ALLEVIATION *of the diseases of the human body.*"*

It embraces not only all public sanitary measures, but also the practice of medicine in so far as this is regulated by the State. Therefore, any report upon "the advances and discoveries of the past year" in the branches included in this Section may logically begin with the subject of the Regulation of Medical Practice, which also and necessarily includes the *subject of Medical Education.*

[TO BE CONTINUED.]

REMOVAL.—We have been requested to announce that Dr. T. Gaillard Thomas, of New York, has removed from 294, 5th Avenue to 600 Madison Avenue, between 57th and 58th streets.

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OUR DEPARTED GUESTS.

The banquet given by the Medical Press Association, (Editorial Staff of the REVIEW), to the Association of American Medical Editors, at the St. Louis Club, Monday evening, May 3d, was indeed a feast of reason and a flow of soul. One might live many long years, and travel many weary miles before having an opportunity to sit at the table with such genial, able men as were there gathered. Every section of our great country, and our grand profession was represented.

It fairly makes our editorial mouths water when we attempt to recall the events of that evening. The happy faces of the guests rise in review, and as we look again into the windows of the souls of grand old N. S. Davis, President, Wm. Brodie, J. M. Toner, of A. M. A., the peerless W. H. Pancoast, the cultivated H. O. Marcy, of Boston, the solid Jno. V. Shoemaker, W. C. Wile, warm-hearted and able, Moses Green, whose leadership many have followed, and whose reports all have heard and read, Mulheron and Octerlony, President H. O. Walker, and Leartus Connor, R. J. Dunglison, and two score more of the brightest lights of Medical Journalism, we feel invigorated, rejuvenated and in good shape for another year of hard work. These annual editorial dinners, how they open the hearts of the partakers. With what increased interest we will read the columns of the *American Lancet* since breaking bread with Leartus Connor.

How much brighter to us will be the pages of the *Mississippi Valley Medical Monthly*, since we have known and loved the able and jolly editor, F. L. Sim, of Memphis; and the newsy and bright *Philadelphia Medical Times* will be looked for more anxiously than ever, since we have sat face to face with, and listened to the pointed and clear-cut words of its brilliant conductor, Frank Woodbury; and who that was surprised and charmed by the flowery eloquence of Thos. Sommers, of the *Florida Medical and Surgical Journal*, can doubt that Florida is indeed the land of flowers and perpetual summer, and Sommers is its prophet. We can now much better understand the phenomenal success in all his undertakings of our sterling Surgeon General of the Marine Hospital Service. He can talk as well as he can write and work.

The *New England Medical Monthly* will be more than ever interesting to us since we have listened to the persuasive and pervasive periods of its managing head, W. C. Wile, (Wile should change its name to the "Cosmopolitan") and whom we now know,can as ably and gracefully and pointedly wield his tongue as he can his pen, or bistoury.

The presence and words of the calm and careful W. M. Carpenter, of the *New York Medical Record*, as well as those of the always interesting Dudley S. Reynolds, of "*Progress*," Louisville, will give an individuality to their journals in their relations to us, that they never possessed before. Shoemaker's *Bulletin* will shine before us in a more lurid way than ever, and those who did not before know him, will better understand now why it is he usually wins.

To one and all guests of '86 farewell. You came, and saw, and conquered.

NOT A "SIN OF OMISSION."

Some of our exchanges are lamenting, or criticising the American Medical Association in that it did not take special action regarding the death of Dr. Flint. It would have been well to have taken such action, but still it must be remembered that the most carefully written editorials had appeared in the official journal of the Association, that special reference was made to the event in the presidents address and already had the committee on necrology published its report.

The highest tribute to Dr. Flint is the pres-

ent success of the Association. In it is a better epitaph than any formal phraseology.

W. P.

Dr. Rauch has kindly furnished the REVIEW his very able paper on State Medicine, read before the American Medical Association. We regret that our space will not admit its publication in one issue, but we will furnish it to our readers as rapidly as possible. This essay is one more proof of the indefatigable labor of Dr. Rauch for the good cause in which he has become so renowned.

ELEVATED TEMPERATURE—ITS CAUSE. THE HEAT OF FEVER. A QUESTION OF PRIORITY.

The *New Orleans Medical and Surgical Journal* contains in its January number the following leading article:

"About the first of November last, the medical world was presented with two articles entitled as above, The Heat of Fever, Elevated Temperature—Its Cause. Both put forward a new theory of fever. The one being a remarkably lucid and complete piece of *a priori* reasoning, the other giving only a scant outline of the theory, but adducing certain experiments devised for its confirmation. The author of the former is Dr. Ord, President of the Medical Society of London, and his paper was published in the *British Medical Journal*; the latter was by Dr. Jno. B. Elliott, formerly Professor of Therapeutics, and now Professor of the Theory and Practice of Medicine, in Tulane University.

Dr. Ord's communication has called forth editorial comment from many of the leading journals of the North and Northwest; Dr. Elliott has remained unnoticed, save in the *Texas Courier Record* and in the December number of this journal. And yet, admitting the ingenuity and value of Dr. Ord's experiments, Dr. Elliott's was incomparably the better exposition of the new theory.

Can it be that our confréres on the other side of Mason and Dixon's do not look over the journals constituting their Southern exchange list? Is it possible that editors, medical editors, men exercising at one and the same time two of the most liberal professions, are still under the domination of the old sectional belief that no good thing can come out of Nazereth? We are loth to believe it; and yet, if it be not so, how comes it that the Englishman's address published in the English periodical, was received with such marked consideration, while the paper of the Southern professor is passed by without a word of comment? Why is it that Dr. Ord's ideas are hailed as new and striking, while the fact that Professor Elliott was the original propounder of the theory in question has not been hinted at?

In a letter entitled Combustion and Assimilation, published in the year 1878, in the November number of this Journal, Professor Elliott wrote as follows: "In the transformations taking place in the animal system it has been indicated that the chemical energy which disappears is always transformed in two directions; one portion reappearing as heat while the other portion reappears as organizing force of tissue construction. In the healthy adult the ratio of the heat produced to the organizing force produced is, within small limits, constant; just enough heat is generated to maintain the normal temperature, while just enough organizing force is generated to maintain the normal tissues of the body. While the nervous centres are in normal working order, this regular distribution of transformed chemical energy goes on without material variation, and according to a regular quantitative law; that is to say, a fixed quantity of chemical energy always transforms to heat, while the remainder transforms to organizing force. If, however, the healthy condition is disturbed, if the transformation of the chemical energy into organizing force should from any cause cease, then knowing the quantitative relation between the organizing force and the heat, we should expect that the former being diminished the latter would be increased. The chemical

energy continues to disappear, but now as none of it goes into organizing force all of it must go into heat. In fever this occurs. The normal balance observed in the production of heat and of organizing force is interfered with. Through the effect of disease upon the nervous centres, tissue formation in great measure ceases and excessive heat production is the result. The extra heat is produced because tissue formation has ceased; chemical energy being no longer transformed normally into organizing force, is nearly all transformed into heat; and as the process of assimilation is practically arrested while combustion still goes on, we have emaciation. *Fever, then, might be defined as increased heat, resulting from diminution in tissue formation.*" [Italics ours].

This was the first published exposition, so far as we know, of what we may call the Correlation Theory of fever.

In 1880, Professor H. C. Wood published his work on "Fevers," and in 1881, a copy came into Professor Elliott's hands.

Under the title A Rational Exposition of Fever and its Phenomena, the latter published in the February number, 1882, of this Journal, a more elaborate statement of his views with an account of one or two experiments showing that under normal conditions the temperature fell during exercise and rose immediately afterwards.

Confirmatory of his ideas.

The reading of Professor Wood's work may strengthen Professor Elliot in his views, but it could add nothing to the clearness and completeness of his theory. The gist, the very pith and marrow of the matter was stated, and clearly stated, in the extract which we have quoted from his paper published in 1878.

These are the simple facts of the case, and we call on the great Northern and Northwestern journals to manifest their candour and fairness by publishing them to their large circle of readers."

Our contemporary forgets that the sun rises in the East and that the world looks towards the sunrise for light.

Our Eastern brethern are blinded by the great light that constantly streams in upon them, so that when they look Westward and Southward, they see as through a glass, darkly and dimly.

A few months ago we heard of the novel? doctrine propounded by Huxley, that immunity from contagious diseases was due to destruction of congenial soil in the organism.

This doctrine was never noticed when an obscure professor of general pathology in the St. Louis Medical College promulgated it a quarter of a century ago.

The doctrine of the correllation of disintegration and muscular action first made known by Watters, a Professor of Physiology in the same school, and announced in his graduating thesis more than thirty years ago, was accepted by the medical world of the East through Dr. Carpenter.

In November, of the same Journal, from which the above extract was taken, is the recommendation of ground coffee as an antiseptic by Dr. Oppler in the *Pharmaceutische Zeitung*. He uses it with iodoform.

We can tell Dr. Oppler that ground parched coffee is better without iodoform. We have used it for twenty-eight years and got the practice from Dr. James Turtle, a Natchez, Mississippi physician, who burnt it freely in the sick chamber of small-pox, scarlatinous and other contagious cases.

If a Western or Southern man wants to be seen or heard of, he must go in the direction of sun rise. Our medical world revolves around the Eastern sun.

Classification of Mental Disease.

Dr. Pliny Earl, of Northampton, Masss., Dr. Alice Bennett, of Norristown, Pa., Dr. Chas. H. Hughes, editor *Alienist and Neurologist*, St. Louis, Mo., have been appointed by the New York Medico-Legal Society, to represent that body in the International Committee provided for at Antwerp Congress, to formulate a classificatisn of mental diseases.

Chlorodyne.—The editor of the *New England Medical Monthly* gives the following as the formula of the famed chlorodyne:

℞.	Chloroform,	℥iv.
	Ether fort.,	℥v.
	Alcohol fort.,	℥iv.
	Molasses,	℥iv.
	Extr. liquir pulv.,	℥iiss.
	Morph. hydrochlor.,	gr. viii.
	Ol. menth. pip.,	M xvi.
	Syrup,	℥xviiiss.
	Acid. hydrocyanic, dil,	℥ii.

Dissolve the morphia and oil of pepperment in the alcohol, and mix the chloroform and ether with the solution. Mix the licorice with the syrup and add the molasses. Shake these two mixtures well together, and add the acid, shaking well again. Dose, 5-10-20 minims. Shake the vial before using each dose.

Action of Urethan.—According to the *London Medical Record*, a valuable article on the action of the much lauded new hypnotic, urethan, has appeared in the March number of the *Neurologisches Centralblatt.* Dr. Kraepelin, the reporter, corroborates the favorable opinion arrived at, regarding its use, by Schmiedelberg, Jolly, Von Jacksch and Sticker. Dr. Kraepelin's experience extends to about 200 administrations in 34 patients. The dose employed varied from one to three grams, fifteen to forty-five grains; even four and five grams were exhibited. No single unpleasant effect was ever observed, during or after the administration. In a case of alcoholic gastric catarrh, vomiting ensued after large doses. The appetite is unimpaired, even if the drug be used for weeks. That it is a pure hypnotic in its influence is precisely stated by Kraepelin. About ten or fifteen minutes after taking it, the patient falls into a quiet sleep that lasts several hours. No unpleasant head feeling results on waking. If the sleep is interrupted, the patient soon falls asleep again, dependent, of course, on the size of the dose and the degree of disturbance.

Kraepelin says that in conditions of much excitement, urethan fails, and is far inferior to paraldehyde. In delirium tremens, therefore, the drug disappoints, at any rate in the doses so far employed. That it does not relieve pain, and therefore can not take the place of morphia, is also the observation of Kraepelin. The author considers the drug especially useful in cases of mild excitement or depression, accompanied by exhaustion or depressed nutrition. One great advantage over paraldehyde, in addition to the longer duration of its action, is that its smell and taste are not disagreeable, and it can be taken in simple solution, without flavoring.

Pulmonary Syphilis.

Patain in the *Journ. de Méd. et de Chirurg. Pratiques*, (*London Medical Journal*) gives points of differential diagnosis between tubercle and syphilis of the lung as follows:

1. The association of syphilitic lesions with a pulmonary affection indicates syphilitic disease.

2. Tubercle prefers the apex, syphilis the middle portion of the lung.

3. Hemoptysis and fever are rare in pulmonary syphilis; further, when cachexia is present, it does not correspond with the extent of the lung mischief, which is always tolerably limited.

4. The presence of bacilli is a sign of tubercular phthisis; but, if they be not found, tubercle cannot therefore be excluded.

5. The results of treatment can only be considered conclusive under certain conditions; e. g., a syphilitic person who is also tuberculous may improve under treatment that improves the general health; but, when amelioration is rapid and complete, the syphilitic nature of the disease becomes evident.

Cure of Angiomata.

Favorable results from the employment of Meckes' method for the cure of angiomata are reported by Negretto, in the *Gazette Méd. Ital. Lombard, London Medical Record.* The method consists in painting the angiomata with a mixture of collodion and corrosive sublimate. The whole surface affected re-

ceives four coats of the solution. The application is renewed every fourth day until the angioma is cured. Negretto reports success in two cases of vast teleangiectasis of the face. A small portion of the tumor only was painted at a time. The application is not advisable where mucous surfaces are involved. Mecke's formula is four parts of corrosive sublimate to thirty of collodion. Negretto finds that two parts in thirty answer. A very good cicatrix results.

Injection of Spina Bifida.

A case of cure of a case of cervical spina bifida by injection of Morton's iodo-glycerine solution is recorded in the *British Medical Journal* of May 8. The babe was ten weeks old; the tumor, about the size of a small orange, was situated in the middle cervical region and invested with healthy skin, all but a limited area at the summit. When the infant cried a free expiratory impulse, synchronous with the impulse at the fontanelle, occurred in the sac. Half a dram of Morton's fluid was injected near the base of the tumor. As a consequence the child became quite fretful, and the resulting inflammation caused every motion of the head to be attended with considerable distress. The inflammatory stage was soon followed by a gradual shrinking of the sac, and at the end of six weeks an induration, the size of a small marble, alone remained. The intrinsic character of the tumor remained, of course, an uncertainty. The general characters, however, indicated that the nervous structures were involved in the sac. The cleft extended to the bodies of several vertebræ. The case is another example of the value of the treatment by injection.

Transplantation of the Eye.

The *British Medical Journal* informs us that the operation of replacement of a lost human eye by one removed from a rabbit or dog, first suggested and performed by Dr. Chibret, in May last year, has now been performed five times. M. Terrier published the details of these cases, of which one only was successful, in the *Archives d'Ophthalmologie*, Jan.-Feb., 1886.

In Chibret's case a rabbit's eye was transplanted into the orbit of a young girl. All the cellular tissue was carefully dissected off the sclerotic; the cornea ulcerated and gave way after fifteen days; the sclerotic underwent cicatricial contraction. The antiseptic used was corrosive sublimate.

The second case was by Ferrier, in a man aged 30, who lost an eye by an injury. A rabbit's eye was used but the sclorotic preserved, and a circumcorneal ring of conjunctiva; this was stitched to the conjunctiva of the recipient by eight sutures. Boracic acid was used as an antiseptic. The eye sloughed on the fifth day.

The third operation was by Rohme, on a woman, aged 42, in whom there was an old adherent staphyloma. A dog's eye was used, and the cellular tissues preserved. Corrosive sublimate was used; the cornea sloughed on the sixth day.

The fourth and successful case is by Bradford, and was published in the *Boston Medical and Surgical Journal.* A man, aged 35, had a blind and shrunken eye, the result of an old injury. The eye was enucleated, sutures being first passed through the recti muscles and the optic nerve. A rabbit's eye was then enucleated, the muscles being cut short; about eight millimetres of the optic nerve were preserved. The eye and the orbit of the recipient were washed with the white of an egg and the eye fastened, first, by a suture connecting the optic nerves; secondly, by the recti being attached to the cellular tissue of the sclerotic; thirdly, by conjunctival sutures. Iodoform dressing. The eye was not opened till the seventh day, and the sutures removed. There was opacity of the cornea; this cleared up and on the eighteenth day the size, shape, and tension of the eye were normal. Two months and twenty days after the operation all the movements were free; the pupil was of medium size and inactive; there were some opacities in the vitreous humor.

The last case, by Terrier also, was a failure, although firm and vascular adhesions had been contracted. Ulceration of the cornea destroyed the eye, which was due to some unfortunable complications.

The successful transplantation is, then, an accomplished fact. The *Journal* doubts, however, that the operation will be of practical value. The cosmetic effect is not better than that of a well-fitting glass eye, and the low vitality of the organic eye would make it liable to inflammatory and other accidents. That the transplanted eye is of no functional use is certain. Useful vision could only result if the preserved retinal elements of the transplanted eye, which corresponded to any given points in the visual field, became connected with the same optic fibres as those connected with the corresponding retinal elements in the excised eye. "This would necessitate an impossible similarity of optical conditions, and in the number and arrangements of the retinal elements in the excised and transplanted eyes."

The Tendon-Reflexes and the Reaction of Degeneration.—Remak (*Archiv f. Psych.*) has studied the relationship that exists between the tendon-reflexes and the reaction of degeneration, with a view to aiding the differential diagnosis of amyotrophic paralysis of spinal, and peripheral origin, respectively. He summarises his results in the following conclusions:

1. Exaggeration of the tendon-reflexes (more especially the phenomenon of ankle-clonus), with partial reaction of degeneration, has only been observed in cases of amyotrophic lateral sclerosis.

2. A normal condition of the tendon-reflexes with well marked partial reaction of degeneration has only been observed in atrophic spinal paralysis, poliomyelitis anterior.

3. Absence of the tendon-reflex occurs (*a*) with abolished excitability of the nerves, in all severe cases of amyotrophic flaccid paralysis, whether of spinal (poliomyelitic) or peripheral (neuritic) origin—and where there is resolution, the tendon-reflexes are still absent long after the galvano-muscular reaction of degeneration has disappeared; (*b*) in the lighter cases of primary peripheral degenerative neuritis of mixed nerves, in which perhaps there is no paralysis; (*c*) in cases of absolute peripheral paralysis (e. g. from compression), even though there is no reaction of degeneration.

Expression of Placenta.—The comparative results of expectant treatment of the third stage of labor and manual expression of the placenta are given in the following table by Weis of Copenhagen.

CASES TREATED.	EXPECTANT Per cent	EXPRES'N. Per cent.
Post-partum hemorrhage,	5.78	2.3
Manual removal of placenta,	1.33	0.64
Retention of membranes,	1.75	2.3
Secondary hemorrhage,	0.77	0.32

—*New England Medical Monthly.*

An Ointment for Bruises.—Dr. S. M. French, of Philadelphia, writes the *Medical and Surgical Reporter* that he has found the following ointment to act like magic in controlling the pain and inflammation dependent upon severe bruises; its anesthetic properties are truly wonderful: ℞, Ext. belladonæ, glycerine, equal parts.

Valerian in Diabetes Insipidus.—Demange says in *L' Union Medicale* that diabetes insipidus is best treated by valerian in doses of two to four drachms of the powder per diem. This drug was highly praised by Trosseau, and has been revived since by Bouchard.

—In June will appear the new journal "Progress," a monthly medical journal for students and practitioners of medicine, edited by that veteran editor, Dudley S. Reynolds, of Louisville. The name is well chosen, and expressive of its founder. That "Progress" will progress to a complete success is a foregone conclusion. We shall welcome it to our exchange list with the same satisfactio we snould that of any journal under such able editorial control.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

Stated meeting held Saturday evening, May 15th., 1885. The president, Dr. Gregory in the chair.

Dr. Lutz read the notes of two cases, and presented the specimens;

First Case.—J. W., aged 21, was shot in the abdomen on May 9th by a bullet from a 22 calibre rifle, being distant from the weapon about forty-five yards, ball entering the abdomen three quarters of an inch to right of median line, and three inches below umbilicus. Abdomen, when seen, was tympanitic, except in one or two regions, where there was marked dulness. Decided to perform laparotomy, as the indications pointed to injury of the intestines, and by so doing could make a positive diagnosis, sew up the openings in the gut and clean the peritoneal cavity. Incision in linea alba six inches long was made, through which a mass of intestines protruded, revealing a wound in one of the coils a quarter of an inch in length, through which escaped some fecal matter. Six wounds were found in the jejunum, and three or four in the mesentery. These were all united by Lembert's suture, which only includes the peritoneum, thus obviating any difficulty that might arise from ulceration about the thread with an escape of intestinal matter by the side of it. Pelvic cavity contained some blood, both liquid and clotted. Abdominal wound closed by deep silk sutures, and superficial catgut ones; morphia administered, and ice applied to the head, and through the night rested quite comfortably. Next day toward evening, the temperature rose rapidly to 103¼°, and pulse to 108°; continued so through the next day, but following morning, the pulse was countless, and in the course of the day patient died. Post mortem held, and edges of the abdominal wound were found firmly agglutinated, abdomen distended and small quantity of sero-sanguineous fluid in peritoneal cavity. Upon inflating the intestines with air, there was found to be no escape of it through the wounds. The doctor then brought up the question of laparotomy in penetrating wounds of the abdomen, stating, as his opinion that it was the proper course to pursue, and one that he would follow whether the wound was gunshot or otherwise. He thought that in this case the peritonitis arose from the long journey the man had to make after the injury, and the escape of fecal matter into the abdominal cavity during his transportation. The bullet was not found.

Second Case.—The patient, a young man, had been rolling ten-pins; had made use of a very heavy ball, and felt a sharp pain in the region of the bladder after one of his rolls; stopped playing and said nothing of his injury for two days. Five days after the occurrence, when first seen by the doctor, the penis was greatly swelled, and there was a large quantity of pus under its integument, which was permitted to escape through multiple punctures. Constant desire to micturate; abdomen distended and very tender. Catheter was introduced, and about an ounce of very fetid, ammoniacal urine withdrawn. The treatment consisted of perfect rest, and warm applications to the abdomen. Patient died two days later. At the post mortem, an incision was made in the median line of lower part of abdomen, when a tumor, which proved to be the bladder, presented in the opening. An immense quantity of pus was found lying between the anterior wall of the bladder and the abdominal wall. The omentum was found to be firmly adherent to the bladder. The walls of that viscus were greatly thickened, and intensely congested. The doctor stated that he did not think the trouble arose from any tear of the tissues, but from bruising of the soft parts in that neighborhood.

Dr. Dean spoke of the odor of the pus found in abscesses in the region anterior to the bladder, and thought it was due to osmosis of the ammoniacal products, just as you found the peculiar odor about the pus in the region of the rectum, although there was no direct communication between the two. Was inclined to the opinion of Dr. Lutz, in regard to laparotomy in penetrating wounds of the abdomen.

Dr. Johnson wished to know if the size of the bullet would influence his practice in this matter or not.

Dr. Dean stated that it would; that with a large bullet he would be more inclined to think there was some injury of the intestines than with a small one.

Dr. Meisenbach spoke of the distinction to be made between punctured and gunshot wounds of the abdomen, and said that he thought Dr. Lutz had followed the right plan in opening the cavity in his case; that there were three things to be accomplished by opening the cavity, the arrest of hemorrhage, cleaning of the cavity and suturing of the wounds. Spoke of a case in which there had been a stab in the upper part of abdomen, with protrusion of the omentum; the protruded structure was pushed back into the ab-

domen, a drainage tube introduced and there was recovery without any difficulty.

Dr. Lutz spoke of cases in which there was a small external wound in the abdominal wall and no knowledge of the state of affairs within, in which the wound was sewed up, and thought that this practice was too frequently followed, when the practice should be to enlarge the opening and find out what the extent of the trouble was internally; that the statistics of those who had had most experience in this line, went to prove that the length of the incision did not increase the dangers of the case, and therefore it was better to enlarge it and determine positively the condition, than to sew it up, and trust to there having been no injury to the intestine.

Dr. McPheeters related a case, in which there was a small wound, with a large quantity of the intestines protruding, in which two wounds were found, situated so that an attempt to unite their edges by suture would have resulted in a narrowing of the intestine. A portion of the gut about two inches long was therefore excised, and the divided ends united by interrupted sutures passing through all but the mucous coat, and placed closely together. Woman recovered rapidly and perfectly.

Dr. Johnson related a case in which a man had been shot twice in the loin, the bullets entering so that there was great probability of their having injured the intestine. Opium was given and the bowels confined for two weeks, and patient got well with no untoward symptoms. Four months later, one of the bullets was removed from the anterior wall of the abdomen, thus showing its course to have been through the cavity, with very probable injury of its contents.

Drs. Wesseler, Dean and Dorset spoke of cases in which the intestines had escaped from the cavity, and were smeared with all kinds of filth, but upon being replaced after thorough cleansing, the patients made uninterrupted recoveries.

Dr. Green coincided with the general opinion as to the propriety of opening the belly in penetrating wounds of it, thinking it to be the proper course to pursue.

Dr. Gregory being called upon for his opinion in regard to the treatment to be pursued in these cases, presented the same views that he had expressed in the surgical section of the American Medical convention, which views were given in the issue of the Review following its session. Briefly stated, they were as follows: that if there were no symptoms of an urgent character, he would be disposed to wait, and not open the cavity; but if there were such, then to operate. That the symptoms were the warrant, the pivot, upon which should turn the question of laparotomy.

Society then adjourned.

AMERICAN SURGICAL ASSOCIATION.

The seventh annual session of the American Surgical Association was held in the reading room of the Army Medical Museum, April 28, 29, 30 and May 1, 1886.

Friday.—Third Day.—Morning Session.

The first paper read was entitled

Traumatic Aneurism of the Internal Carotid Artery.

BY T. F. PREWITT, M. D., OF ST. LOUIS.

The speaker first referred to those cases of spontaneous aneurism of the internal carotid artery which are found in literature, and the frequency with which this lesion had been confounded with cynanche tonsillaris. He had been unable to find more than one reported case of traumatic aneurism of this artery. This was reported by Dr. Wm. T. Briggs, of Nashville. The aneurism in that case followed stab wound and was operated on successfully.

Dr. Prewitt than described the following case: E. J. Colored, seventeen years of age, was shot by her husband early in January, 1885. The weapon used was a revolver carrying a No. 32 ball. The shot was fired at a distance of two feet and entered the cheek over the malar bone ranging backward. There was profuse hemorrhage at the wound of entrance. There was no wound of exit. The bleeding was controlled by compression. There was hemorrhage from the ear at the time, and this recurred on two or three occasions. For some time after the accident the patient stated that there was some hemorrhage from the mouth and nose on rising in the morning. There was some swelling at the time which gradually increased until April the second, when she was seen by the speaker. It then projected into the pharyngeal cavity and rested against the uvula and extended externally from the anterior petrous portion of the temporal bone to the hyoid bone. The swelling pulsated in every direction and gave thrill and bruit. Immediately after the accident there was paralysis of taste and of the right side of the tongue. This continued. Pressure upon the carotid artery

arrested the pulsation in the tumor. There was no difference in the pulsation of the two temporal arteries; the pupils were equal and responded normally to light. There was persistent headache with sounds in the ear, which was increased by lying upon that side. The voice was greatly interfered with owing to paralysis of the right vocal cord. The appetite was poor and the patient emaciated. She was unable to swallow solids, and fluids regurgitated when the attempt to swallow was made.

With this history, and with these symptoms, it was decided that there was an aneurism of the internal carotid artery, and that the vessel had been wounded near the carotid foramen, for no where else are the artery and nerve in such intimate connection.

It was determined to at once ligate the common carotid artery. The usual incision was made, and the dissection continued until the artery was exposed. A silk ligature was passed from behind forwards. The vessel was then lifted to be sure that the pulsation was arrested before the ligature was applied. Finding that it was, the vessel was then tied. The pulsation was at first arrested, but in a few minutes, it could be again felt. In the absence of all precedent it was concluded to extend the incision apwards in front of the tragus and determine the feasibility of opening the sac and tieing the distal end. This was a forlorn hope for the diagnosis was that the aneurism was seated just external to the carotid foramen. An incision was then made below the ear and extended upwards back of the ear. A cautious dissection revealed the fact that the sac filled all the space between the mastoid process behind and the condyles and ramus of the jaw in front. It extended to the base of the skull to which it was closely adherent. It was therefore impossible to reach the artery in that direction. Further attempts were abandoned, the wound was closed, a drainage tube inserted and an antiseptic dressing applied. On the eighth day, there was some hemorrhage from an opening near the angle of the jaw. This was repeated, and she spit up some blood on the following day. Examination showed a little coagulum at the angle of the jaw, which was removed and the left fore-finger thrust into the opening. No coagulum could be felt within the sac. The attempt to detect the entrance of the artery with the finger failed. In order to avoid the hemorrhage which would follow the removal of the finger, the sac was stuffed with lint treated with iodoform, this controlled the bleeding. The patient gradually became weaker, and died on the twenty-fifth day after operation, from exhaustion. Ten days after the sac was stuffed, epileptiform convulsions involving the facial muscles and the flexors of the fore-arm and hand appeared. This continued at intervals until her death.

The post-mortem showed the ball in the posterior part of the sac. The opening of the carotid artery was found close to the carotid foramen, and seemed blocked up with clot. The blood vessels of the membranes of the brain were congested particularly on the right side. The inferior petrosal and lateral sinuses were filled with thrombi up to the torcular Herophilbi.

The differential diagnosis of aneurisms of the internal carotid artery from those of other arteries in this situation were then considered. As regards operation in this case, compression and ligation were considered, but compression was rejected on account of the urgency of the symptoms. The patient was not a suitable one for this mode of treatment, being ignorant and irritable and unfitted to endure the annoyance of this method of treatment. Neither were skilled attendants available.

DISCUSSION.

Dr. J. Ford Thompson, Washington.—I have never seen a case of aneurism of the internal carotid artery, but I should think that the diagnosis would not be especially difficult. The bulging of the swelling into the pharynx is characteristic. The case reported may be open to some criticism from the fact that the patient was submitted to a severe and dangerous operation, and yet nothing in the way of relief was accomplished. The case also goes to show the uselessness of ligation of the common carotid artery for the cure of aneurism of the internal carotid artery. It would perhaps have been better if the operation of Syme had been performed or if necessary the suggestion of Guthrie might have been carried out, that is to make a section of the ramus of the jaw, separating both sections of bone so as to afford more room for dissection. As this lesion is followed by certain death, my opinion is that it is the duty of the surgeon to perform the old operation cutting into the sac and ligating the vessel at both ends.

Dr. William T. Briggs, Nashville.—The case which I reported at a previous meeting of the association was that of a young man stabbed in the neck. Five weeks later the patient presented himself at the clinic with a swelling of the neck presenting all the evidences of aneurism. I considered it to be a small aneurism of one of the branches of the external carotid artery that could be readily

reached and ligated. I made an opening large enough to permit the introduction of the finger, and at once found that the condition was more serious. The hemorrhage was controlled by stuffing a sponge into the sac and the common carotid ligated. When the sponge was removed the hemorrhage was as free as before. The opening in the sac was then enlarged, the opening of the artery having been found and controlled by the finger. The vessel was then hooked up and a ligature applied above and below the sac. The patient recovered and is still living in perfect health. I think that in all cases where it is possible, the operation of Syme should be employed.

Dr. D. Hayes Agnew, Philadelphia.—About three years ago, a woman presented herself at the University Hospital, with a tumor as large as an orange just beneath and behind the angle of the jaw. There was also a projection into the pharynx. This tumor had grown slowly for eight months, and was attributed to a blow on the side of the head. I considered it a case of aneurism of the internal carotid and ligated the common carotid above the omo-hyoid muscle. The pulsation was diminished, but it could still be felt. I attributed this to the communication with the external carotid artery. I then tied the superior thyroid and the lingual. This stopped all pulsation. The patient did well for two weeks, when pulsation again returned. Pressure on the carotid of the other side controlled the pulsation and I then placed a ligature around the primitive carotid of that side. During my absence from the city, ulceration took place and a gush of blood into the pharynx occurred. The resident stuffed the cavity, but the patient died eight days later, apparently from septic poison. If I had been present when rupture occurred, I had determined to have laid the sac open and have tied above and below. From the history of these cases I believe that in this condition the operation should be a formal one of section of the jaw and then proceed to ligate above and below the sac.

Dr. A. Vanderveer, Albany.—In December, 1882, a man forty-two years of age, a farmer, was sent to me with a swelling of the neck which was diagnosed to be an aneurism of the internal carotid artery. It was attributed by him to forced motion of the head to one side which was required in a certain part of his work. It was decided to first try compression. This was faithfully carried out, and at the end of six days the swelling was much diminished and the tumor in the pharynx seemed more solid. He then went to his home, but returned one month later, the previous condition having returned. Compression was again tried, and at the end of five days there was a marked diminution in the size of the tumor. The patient was kept under observation for ten days, but the swelling did not return. He then returned home and continued in apparently good health for four or five weeks, when he suddenly complained of a severe pain in his head and fell dead. An autopsy was made, but no satisfactory explanation of his death could be found. The physician was inclined to attribute it to apoplexy.

Dr. L. McLain Tiffany, Baltimore.—In the case reported by Dr. Prewitt, there was no room for a distal ligature. In this case, however, it might have been possible to apply a compress, pressing the artery against the base of the skull. We have a record of such a case in Guthrie's commentaries. It is the case of Twichell, of New Hampshire. A man had part of his neck blown away by a cannon shot, exposing the carotid artery. Ten days later while the physician was in the house, the artery gave way. The hemorrhage was controlled by the finger, and a ligature applied below the opening. The hemorrhage continued when the finger was removed. There was not room for a ligature on the distal portion of the vessel. The doctor made a graduated compress and pressed the artery against the base of the skull. The patient recovered.

I have had one case in which I controlled hemorrhage from the jugular vein by pressure made in this way. The patient was a child who had an abscess of the neck, following scarlet fever, which opened the jugular vein. As a result of this, there was great swelling of the neck. The sac was laid open and the vein controlled by a compress making pressure against the vessel just external to the jugular foramen.

Dr. T. F. Prewitt, St. Louis.—I agree with those who have taken part in the discussion that the old operation is the proper one for traumatic aneurism where it is possible to apply it. In this case this could not be done. Dr. Thompson has said that it is useless to tie the common carotid artery for aneurism of the internal carotid artery. There are only two cases reported where the ligature was applied. In the case of Syme, death did not appear to be due to the operation. Compression has been alluded to, but we should not expect compression to succeed in a case where ligation failed. If the circumstances had been suitable, I should have tried compression, but the symptoms were too urgent

to permit of this. Dr. Tiffany has suggested compression of the vessel at the carotid opening, but believing as I did that there was no artery outside of the skull, it would have been bold surgery to have laid open the sac and sought for the opening, which I could not detect with my finger in the sac.

AMERICAN MEDICAL ASSOCIATION.

FOURTH DAY, MAY 7th.—MORNING SESSION.

The Association met at 10 A. M. Prayer was offered by the Rev. W. V. Tudor, D. D., of the Centenary M. E. Church.

The president, seeing General Sherman in the hall, invited him to the platform. In a brief speech the general cordially welcomed the physicians.

The secretary reported that the section on medical jurisprudence had nominated Dr. J. N. Quinby, of New Jersey. as its chairman, and Dr. Kimbell, of Minnesota, as Secretary.

The report of the committee of publication was next read. It was mainly confined to a very detailed statement of the work of the *Journal*, the circulation of which was now stated to be 4271, including 3374 members of the association. Credit was taken for a great reduction in the cost of production, mainly resulting from the establishment of a printing office in connection with the *Journal.*

The report was adopted.

The next business was the report of the judicial council on the different protests against the admission of delegates. The report commenced with a declaration of the principle that the constitution recognized only state societies, or county or district societies affiliated with state societies. Tri-state delegates could not, therefore, be admitted to registration. The Davidson County Society (Tennessee) had been protested against, but the council, after very careful consideration, had decided there was not sufficient evidence to exclude the delegates, while at the same time, they admonished the society in question to put itself at once in connection with its state organization. As to the protest against the delegates from the Philadelphia County Medical Society, the council, having considered the question and heard evidence not forthcoming at the first hearing, came to the conclusion that although the delegates held documents which usually entitled holders to admission, the methods employed in their election were so irregular as to compel their rejection. The council recommended the refunding of any dues paid by the members, and referred the evidence generally to the Pennsylvania state society for adjudication.

Dr. Eugene Smith, Michigan, chairman of the section on ophthalmology, otology and laryngology presented his annual report which was received and referred.

Dr. W. D. Haggard, Tennessee, presented a report of the section of the diseases of children, which was adopted.

Reports on the sections of dental and oral surgery and on necrology were also received.

Dr. Jno. B. Roberts, (Philadelphia,) submitted resolutions asking the president to state whether the report of the judicial council with reference to the Philadelphia difficulty was not presented on Wednesday, and if any effort was made to submit the report was in hand and could have been produced.

It was resolved that the resolutions lie on the table, and that as they reflected on the chairman and secretary, all record of them be expunged from the minutes.

Dr. Roberts thereupon tentered his resignation as secretary of the section on anatomy and surgery on the ground that the Philadelphia County Medical Society was denied representation.

The resignation was accepted, and the chairman of the section was authorized to nominate a secretary.

Dr. Jackson, of Pennsylvania, presented a protest, signed by the six disqualified delegates against the action of the judicial council.

Dr. E. H. Gregory, St. Louis, president elect of the association, was introduced by Dr. Brodie. Dr. Brodie reminded the association that their new president had been in practice for forty years, and had been a teacher of medicine nearly as long.

Dr. Gregory said the day was a happy one for him. It had always been his heart's desire to receive in any shape the confidence and respect of his fellow-practitioners. Every honor bestowed on him had been always highly appreciated, and of late years honors seemed to have been showered on his gray head. But a few days since he had been elected president of his home society, and now he was called to this exalted office. He begged the co-operation and indulgence of the association, and thanked them cordially for the great honor conferred upon him.

Dr. Brodie, in closing the congress, thanked the members for their kindness to him ever since his nomination at New Orleans. He especially rejoiced that the proceedings at

St. Louis had been marked with so much harmony, and that many matters which seemed to be in danger of causing ill-feeling had been amicably settled. In a large body like theirs, it was hardly possible that all felt satisfied, but he could assure any who felt aggrieved that no personal feeling had animated the association.

The report of the section on state medicine was adopted without debate. It contained a reference to a deputation from the W. C. T. U., and reaffimed resolutions passed by the association at St. Paul and New Orleans affirming that the use of alcohol had very detrimental effects on the human race and recommending a course of study in hygiene,with special reference to this point, in public schools, and welcoming any change in public sentiment in this direction. It also stated that alcoholic drinking was the cause of much physical and mental disease and of a large proportion of the crime and pauperism of the country.

At the river excursion that took place on Friday afternoon an impromptu meeting took place on the deck of the boat and the following resolutions were adopted.

Whereas, The visiting physicians to the recent meeting of the American Medical Association on behalf of themselves and the ladies who have accompanied them wish to express their appreciation of the social reception which has been extended to them by the physicians and citizens of St. Louis; therefore, be it

Resolved, That the grateful thanks of this meeting are hereby tendered to them.

Resolved, That the ladies of St. Louis have nobly displayed the character of woman in the highest and most magnanimous sense, in providing means of social enjoyment as manifested in the splendid ovations that have been extended to the medical profession and to the ladies.

Resolved, That our thanks are especially due to the committee of arrangements for the delightful excursion which has afforded such unlimited enjoyment to their guests, and the elegant entertainment which has accompanied it.

Resolved, That we will long remember the intellectual and mental enjoyments connected with the meeting of the American Medical Association of 1886.

—The Rolla District Medical Association will meet in Rolla, May 27th and 28th. This society has a most honorable record, and is progressive. It should embrace every respectable physician in its territory, and, doubtless, will ere long.

CORRESPONDENCE.

LONDON LETTER.

LONDON, May 6, 1886.

Editors Review. Last evening I attended a meeting of the Ophthalmological Society, when the subject of Graves' Disease was to the front. About a month ago the Council of the Society issued a notice to all the members, stating that an evening would be given up to this subject, and asking especially for information in regard to the following points: First. Cases in which a necropsy was obtained; Second. Cases in which any definite cause could be assigned for the affection; Third. Abortive cases, that is, cases in which the usual symptoms were present for a short time, and in a slight form, and then disappeared. Are such cases common? Fourth. Cases which have ended in recovery; Fifth. Cases which have been kept under observation for long periods; Sixth. Cases which appeared to be definitely benefited by treatment. Do many cases get well when untreated, and if so, what is the duration of the disease in them? Seventh, cases in which the exophthalmos was such as to threaten the safety of the eye, or to destroy it. What are the best measures of treatment with regard to this special danger? Eighth. Cases in which symmetrical exophthalmos has been observed without the other symptoms of Graves' disease; Ninth. In what order do the following symptoms usually appear and disappear: (*a*) Palpitation and throbbing of carotids; (b) Enlargement of the thyroid; (*c*) Proptosis; (*d*) Graefe's lid-sign? Tenth. Does Graefe's lid-sign occur when there is no proptosis? Is it equally developed on the two sides? Does it ever accompany prominence of the eyeball due to other causes? Does it ever occur in hypermetropia, or myopia, or in healthy persons? Do such drugs as cocaine, eserine, atropine produce anything like Graefe's sign? Eleventh. Is the enlargement of the thyroid usually equal on the two sides? Twelfth. In conjunction with what other diseases is exophthalmic goitre found? Does it occur often in several members of the same family? Thirteenth. This disease occurring most frequently in women, is any relation between it and derangement of the reproductive system observable? Fourteenth. Family histories of the disease. Fifteenth. Has any similar condition been observed in the lower animals? I think your readers will probably agree that great discrimination has been displayed in the selection of these questions, and, unless I am much mistaken, I can recognize in them the hand of Mr. Jonathan Hutchinson, the distinguished and energetic president of the Society.

The discussion was opened by the president who commenced by telling us that only that very morning, and quite by accident, he had seen a cured case. The patient was a medical man who had been some years ago under the care of the late Dr. Wurbarton Begbie, by whom the case had been published, though not then complete; the cure was attributed to bromide of potassium, the usual round of drugs having been tried, and the patient having expressed himself confidently as to the bromide being the only thing that had done him any good. Whilst on the subject of treatment Mr. Hutchinson added that he had known great benefit in one case from the tincture of aconite; under its use in twenty minim doses three times a day, a serions proptosis had become greatly less. He also advocated warmly the local application of ice to the forehead and to the nape of the neck in cases of threatening destruction of the eyeball from over protrusion. He expressed his belief that though the disease was more common in women, it had nothing to do with the reproductive function, and he instanced a case which disproved the popular belief that pregnant or nursing women were never attacked by it, the case being that of a lady in whom there could be very little doubt that the disease began when she was in the fifth month of pregnancy, and steadily increased until her delivery, and persisted in a severe form for a year afterwards, during the whole of which time she was suckling her child.

Dr. Bristowe narrated two or three interesting cases, one being complicated with ophthalmoplegia externa, whilst in another death had resulted from suffocation, owing to pressure on the trachea, and in a third, where the isthmus of the thyroid had been divided to avoid a similar result, the thyroid had subsequently atrophied, but the eye symptoms had persisted unaltered. He also quoted a case in which the affection was very definitely dated from a chill when driving in an open carriage, and he alluded to the case of two young ladies in whom recovery had taken place, but it was not attributed to any particular line of treatment. From his own experience, however, he favored digitalis. Dr. Wilks followed with a short paper to the effect that he had never had a fatal case under his own immediate observation, that he believed there was some connection between the female reproductive organs and the disease, and that he had found belladonna of great value. Dr. Hughlings Jackson said that he had now two sisters under his care with the disease, and that a third sister in the same family was reported to be also suffering, and though he had not seen her, he had very little doubt that the home diagnosis was correct; in this respect the disease only followed in the footsteps of other obscure but well marked nerve disorders, of which he instanced pseudo-hypertrophic paralysis as, perhaps, the most common and best known. He then went on to speak of the pathology of the affection, and he pointed out how much better the enlargement of the thyroid tallied with a hypothesis of a central lesion than of one of the cervical sympathetic system; on this point he referred to a paper in the "Dublin Medical Journal" by Dr. W. A. Fitzgerald, which appeared some two or three years ago. I recollect the paper, well, as a masterly contribution to the theory of the central origin. Dr. Jackson had nothing whatever to say as to the matter of treatment. Dr. J. E. Fitzgerald, of Dublin, followed, observing that he had never seen Becker's symptom, though he had often carefully looked for it. This symptom consists in spontaneous pulsation of the central artery of the retina; he also mentioned a case in which he had seen recovery take place. After this the debate flagged a little, though Dr. Hill Griffiths and Dr. Samuel West made important communications, based upon statistical inquiries. The latter brought very forcibly into prominence the frequency of rheumatism as a complication, no less than eight patients, out of a total of thirty-eight, having presented it. He also mentioned a case in which the disease had been known to exist for over nine years. As to sex, out of fifty-one cases on the records of St. Bartholomew's Hospital, only three were men, an average which seemed to agree with the experience of the various speakers. Dr. Carrington briefly narrated a case now under his care at Guy's Hospital, in which, were it not for the eye symptoms, he thought no one would have had any hesitancy in diagnosing the case as one of Addison's disease; and Mr. Jessop detailed the results of his experiments with cocaine, which showed that by dropping cocaine into the eye, he could artificially induce exophthalmos, and that Graefe's lid-sign was then also present. Several speakers remarked on the very scanty evidence that could be derived from the post-mortem examination, even in a well marked case but little being fonnd to explain the proptosis. Altogether, I think when the communications appear in the next volume of the Society's Transactions, we shall find that we have a solid addition to our knowledge.

It is, perhaps, rather late in the day to refer to the Bartlett poisoning case, as it is some three weeks since the jury acquitted the widow, but as I have spoken of it before, I must briefly allude to it again. That the man died of chloroform poisoning was certain; the question was whether he swallowed it accidentally or on purpose, or whether his wife gave it to him—no other alternative is possible; the jury have decided against the latter view, but as between the two former their verdict does not discriminate. The case will,

however, be memorable from the fact that the woman beforehand had said that her husband was not going to live long, when all the evidence proves him to have been a man of robust constitution; from the fact that she secretly procured the chloroform, and that she made away with it afterwards. And it will be still more remarkable on account of the verdict affirming her innocence, notwithstanding these damning facts against her. I don't suppose there ever was a case in which it was more difficult to frame a hypothesis to account for the death which would fit in reasonably well with the known facts of the case. The judge expressed himself pretty strongly against the prisoner in his summing up, but the jury took the opposite view, by 11 to 1, and so they came to a compromise by saying that it was a suspicious case, but that the prisoner was not guilty. R. M.

OBITUARY.

Death of Dr. George C. Catlett.

The news of Dr. Catlett's death will be received with true sorrow by his large circle of acquaintances. Last year he was President of the Missouri State Society, and would have presided at the recent meeting had he been in good health. For some months he had been suffering with cystitis, and this, with other complications, caused his death, Wednesday morning, May 19th.

Dr. Catlett was nearly 58 years old, and a well known writer upon mental and nervous diseases. He had an honorable sur gical record in the confederate service, and since 1874 had been superintendent of State Lunatic Asylum, No. 2, at St. Joseph.

He will be greatly missed.

NOTES AND ITEMS.

"A chiel's amang you takin' notes,
And, faith, he'll prent 'em."

—Mr. Savory, president of the Royal College of Surgeons (Eng.), has declined a knighthood at the hands of the queen. From the standpoint of an American, this might be considered a very commendable action, but we cannot reconcile loyalty to the queen with a refusal to accept a compliment thus publicly tendered. Even at this distance, it looks like egotistical churlishness upon the part of an eminent medical man to reject a courtesy extended by a noble ruler, who has shown special love and appreciation for the medical profession during these last years of her reign.

—The "lady doctors" in France have gained their long desired recognition. Henceforth the female medical students will be admitted to the hospitals on the same terms as their male colleagues. Sixty aspirants to the M. D. degree are at present rejoicing in the victory, among them a young negro lady, who is said to be one of the most zealous students in Paris.—(The "Phy. and Surg., Ann Arbor.")

This is as it should be. Open the doors to all who may desire to become earnest, honest workers in the profession. While we believe the ideal place for woman is the "home and fireside," yet if there be those who are unfortunate enough to be denied or robbed of their natural protectors, or not endowed with a love of home or domesticity, but are given instead the masculine desire to go out into the world and engage in the struggle for place and preferment, let us be generous and fair enough to open the way for them, and promptly extend to them the right hand of fellowship.

—Prof. Parvin recommends the local application of muriate of cocaine to the clitoris and vagina for nymphomania. He reports cases with very satisfactory results.

So far as the local hyperesthesia is concerned, the remedy seems to be indicated, and if sufficiently long continued, might be curative. Attention should, however, be constantly given to the general disturbance of the nervous, moral and physical systems.

—Among our exchanges we find "Facts, a journal devoted to the statements of mental and spiritual phenomena." As we glance through the table of contents, we are struck with the title of several papers, such as "Mrs. Eaton's Tea-party," "A Spirit knitting a Stocking," "Materialization and Dematerialization of Embroidery," and "Public Slate-writing Seance." We are impressed with the truth of the old quotation, "Facts are stubborn things." The principal editorial, "Who are honest men?" is quite readable, and recalls to our mind the lines of the eccentric Poe who says,

"Is all that we see or seem,
But a dream within a dream?"

We are inclined sometimes to think it is.

—The Beaumont Hospital Medical College looms up grandly on 16th and Walnut streets, and we are very favorably impressed with the location and surroundings. With its large staff of earnest workers, it can but succeed,

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REPORT ON PROGRESS.

ANATOMY AND PHYSIOLOGY.

BY B. J. PRIMM, M. D.

I. FAT CELLS. THEIR LIFE HISTORY.—(*Centralbl. fur die Medicin. Wissenschaften, American Lancet*, March, '86.)

II. HOLTZMANN ON THE COAGULATION OF THE BLOOD.—(*Archiv. fuer Anat. und Physiol., American Lancet*, March.)

III. THE VEINS OF THE SPINE.—(*Amer. Journal of the Med. Sciences.*)

IV. CEREBRAL CORTEX OF NEW-BORN ANIMALS.—(*Am. Journ. of the Med. Sciences.*)

V. THE FIRST SOUND OF THE HEART.—(*Amer. Jour. Medical Sciences.*)

VI. ARTICULATIONS OF THE COSTAL CARTILAGES AND POSITION OF THE HEART.—(*Amer. Journ. Medical Sciences.*)

VII. THE SUGAR-FORMING FUNCTION OF THE LIVER.—(*Journ. of the Amer. Med. Association.*)

VIII. EXTRACTS FROM THE JOURNAL OF PHYSIOLOGY.

FAT-CELLS. THEIR LIFE HISTORY.

Bobritsky has made an extensive study of fat cells. He used mammals, batrachia and crustacea, and his work presents the following conclusions:

1. Fat cells have no proper membrane, but in its place there is an external protoplasmic layer, which becomes condensed following pressure on the sides of the drop of fat.

2. Every fat lobule has its proper, characteristic and entirely closed vascular system.

3. No nerve-endings are found in the adipose tissue.

4. The adipose tissue is not to be counted with the lymph-system.

5. The fatty tissue is developed from special peculiar elementary forms, but not from connective tissue cells.

6. Fat cells are not bound together by protoplasmatic processes.

7. Atrophy of fat cells is a result not only of fasting, but also of morbid processes.

8. The disappearance of fat in the atrophy of adipose tissue begins in the group of fat cells lying most distant from the arteries, on account of the want of nutriment sufficient to nourish all the fat cells in the entire lobule.

HOLTZMAN ON THE COAGULATION OF THE BLOOD.

C. Holtzmann, from a review of the entire literature of this subject, and from original experiments of his own, confirms the views of Hammersten, viz., that coagulation is essentially a fermentative process, the fibrinogen undergoing a change which results in the separation of an insoluble substaace, rich in oxygen fibrin, from another kind of albumen, poor in oxygen, which remains in solution in less quantity.

His conclusions are these:

1. A certain globulin can be prepared from horses' blood identical with fibrinogen. It does not coagulate at ordinary room-temperature or on the addition of distilled water.

2. Typical coagulation may be produced in this solution of fibrinogen by treatment with any of the following: Defibrinated blood, blood serum, watery extract of the alcoholic precipitate of the albumins of blood-serum or egg-albumen, the passage of a prolonged current of oxygen.

3. Fibrin ferment is not peculiar to the

blood, but occurs also among the products of decomposition of albumin.

4. That fibrin ferment is the result of a process of oxidation occurring in the fibrogen is supported by the facts; and typical coagulation follows the passage of a current of oxygen through the solution of fibrinogen; coagulation is ordinarily a fermentative action; and in the coagulation of the blood the fermentation and the oxidation cannot be separated from one another.

5. When a dog is bled to death the last blood that flows coagulates more quickly than the first, though there is no appreciable increase in the amount of fibrin formed.

6. Venous blood, as is well known, coagulates less quickly than arterial.

The Veins of the Spine.

In his thesis on the above subject C. Walter does not add much to the classical description of the spinal veins by Breschet, at least so far as those of the dorsal and lumbar regions are concerned, but in the cervical region his account is somewhat different from that generally given in text-books. In that region the anterior and posterior longitudinal veins of the same side approach one another, and finally unite to form a large plexus in the lateral angle of the canal, which plexus is perforated by narrow openings through which the nerve roots pass. Opposite the atlas this plexus becomes expanded, and to the dense, venous mass surrounding the dura mater, he gives the name of occipito-vertebral confluence. By means of a large prolongation from this confluence accompanying the vertebral artery above the atlas, and a smaller one below it, the perispinal trunks of the neck mainly take their origin. From the peri-spinal veins are formed three trunks: the posterior jugular (deep cervical), internal vertebral and external vertebral veins.

Between all these veins there is a very free anastomosis, and they present great variations in the details of their arrangements.

Cerebral Cortex of New-Born Animals.

Dr. Pareth, in attempting to decide the question whether the cortex becomes capable of excitation only after the tenth day succeeding birth, concludes that in the first days of extrauterine life it is capable of excitation, and had only one negative result in all his experiments.

The First Sound of the Heart.

In a series of accurate experiments by Yeo and Barrett, and one by Herroun and Yeo, the theory that the heart's first sound is caused by muscular contraction has received marked confirmation. On clamping the veins, or upon removal of the heart from the body, the empty ventricles gave a distinct sound; hence, they conclude that a definite and characteristic tone, similar in quality to the first sound, is produced under circumstances which render it impossible for any tension of the valves to contribute in its formation. The last named observers conclude from their experiments that a SINGLE contraction of a skeletal or heart muscle gives rise to vibrations which evoke the resonant tone of the membrana tympani in the same manner as the tetanic or voluntary contraction, and that the proofs are inadequate of the muscle-tone being dependent upon a number of successive, FUSED contractions, and therefore that the objection to the first sound of the heart being a muscular sound, because the systole of the heart is a SINGLE contraction is not valid, since the resonant tone of the ear is called forth by a single contraction of a muscle.

Articulations of the Costal Cartilages and the Position of the Heart.

Prof. Bardeleben finds an articulation between the fifth and sixth costal cartilages on the right side in sixty per cent of subjects; on the left side in forty. That between the sixth and seventh is rarely absent. He considers that the human chest is undergoing a retrogressive development, leading to a reduction in its length, and the same with the dorso-lumbar portion of the vertebral column. He finds greater variations in the position of the heart than Henke admits. The pulmonary valves may lie behind the second space, the

third cartilage or third space; apex of heart opposite the fifth interspace or fifth rib.

The Sugar-Forming Function of the Liver.

Prof. Seegen, of Vienna, found that the quantity of nitrogen yielded from 100 cc. of fresh arterial blood mixed with liver tissue, and treated with a current of air for some hours, was greater when a small quantity of peptone was added. He, therefore, concludes that, as the peptone and other proteids had been removed before the nitrogen was estimated, it must have come from the decomposition of nitrogenous materials, and it appeared, doubtless, to him that in the presence of arterialized blood, the liver cells have the power of splitting peptone into sugar and some crystalline nitrogenous product, and he believes that in the carnivorous animals, at least, one of the chief duties of the peptone is to form sugar.

In a second paper he gives three experiments on dogs, by which he attempted to settle the vexed question whether a diet of cane-sugar causes sugar to appear in the urine. He found both cane and inverted sugar in the urine in all the experiments.

In a third paper he brings forward elaborate arguments to prove that the production of sugar in the liver is not—in contradistinction to the production of glycogen—interrupted by inanition or increased by abundant carbohydrate ingesta, but is an independent and unintermittent function of the tissue-changes.

In the last number of *Foster's Journal of Physiology*, Dr. W. H. Gaskell has presented a long and exhaustive article on "The Structure, Distribution and Function of the Nerves which Innervate the Vascular and Visceral Systems," some of the more important conclusions of which we here note. It is known with absolute certainty that the origin of all vasomotor nerves is to be found in the central nervous system; stimulation of the spinal cord is able to cause both augmentation and acceleration of the heart's action, and constriction of blood-vessels in all parts of the body; it is further known that such nerves leave the spinal cord in anterior roots, from which they pass to the sympathetic system, and are thence distributed to the heart and blood-vessels of the body. From researches by different observers on the point of departure of the vasomotor nerves for the upper and lower extremity from the spinal cord, he concludes, that vasomotor nerves for all parts of the body can be traced as bundles of the finest medullated fibres in the anterior roots of all the spinal nerves between the second thoracic and second lumbar inclusive, along the corresponding visceral branch to the ganglion of the main sympathetic chain, where they become non-medullated, and are thence distributed to their destination, either directly or after communication with other ganglia. He is strongly inclined to believe that in mammals ALL the vaso-motor nerves of the body leave the central nervous system in the visceral fibres which stream from it between the second thoracic and second lumbar nerves;that they are all connected with, and lose their medulla in the ganglia of the main sympathetic chain, and he, therefore, proposes the name of the "chain of vasomotor ganglia" for it, instead of its present title.

Reviewing the supposed vaso-motor influence of the vagus upon the lungs, heart stomach and spleen, he arrives at the conclusion that no satisfactory evidence has yet been given of the presence of vaso-motor nerves in the roots of the cranial nerves; and the same absence of evidence is visible at the other end of the central nervous system.

In connection with the viscero-motor nerves he concludes, that those nerves upon which depends the peristaltic contraction of the thoracic portion of the esophagus, stomach and intestines leave the central system in the stream of fine medullated visceral nerves which occurs in the upper part of the cervical region, and pass by way of the visceral branches of the accessory and vagus nerves to the ganglion trunci vagi, where they become non-medullated. In speaking of the sphincter muscle of the

iris, he says: the sphincter of the iris is, although apparently unstriped and involuntary in mammals, a striped and voluntary in birds. In both classes it receives its motor nerve supply from the third or oculo-motor nerve; in both the size of the pupil is dependent upon the extent of its contraction or relaxation. At present these motor fibres contained in the third nerve are the only efferent fibres which are recognized as supplying the sphincter of the iris; we find, however, another set of fibres whose action is an antagonistic one, causing always dilatation of the pupil, never contraction; these fibres are supposed to be the motor nerves of an antagonistic muscle, the so-called *musculus dilator pupillae.* These nerves pass to the iris in a separate path from that of the motor nerves of the sphincter muscle, viz., along the cervical sympathetic, and their stimulation always causes a most evident dilatation of the pupil; if this action is due simply to contraction of dilator muscle fibres, it is clear that such fibres must form as important and manifest a constituent of the structure of the iris as the antagonistic circular fibres of the sphincter; the arrangement of these fibres must be even more perfect, uniform and symmetrical than those of the sphincter, for it is easier to lessen an aperture by the contraction of a circular ring and still keep it circular, than to open that aperture without its losing its circular shape by the contraction of the fibres arranged radially. He then, in speaking of the literature of the iris, says that there is a constantly increasing number of observers who speak in decisive terms against the muscular character of the radiating fibres in the posterior limiting layer of the iris. Reviewing the accounts of these fibres in some of the lower animals, in which, particularly in the otter, they are much more strongly developed, he still concludes that in man they are inadequate to explain the action of the dilator nerves of the pupil in other mammals. For his own part he can not see the necessity for a special *musculus dilator pupillae*, thinking that the variations in the diameter of the pupil can be sufficiently accounted for by the extent of contraction or relaxation of the sphincter, if only the radial fibres of the iris possess, as Grünhagen thinks they do, a sufficient amount of elasticity. If the assertions that no *musculus dilator pupillae* exists be accepted, it follows that the nerves, which dilate the pupil, must act upon the sphincter muscle; in other words, these nerves are the inhibitory or dilator nerves of that muscle.

He also cites as a striking and highly suggestive fact, that the anatomical course and histological characters of the nerves which dilate the pupil, are precisely similar to the inhibitory nerves of the circular muscles of the intestine. Also, that an inhibitory effect can be produced upon the muscle by this *direct* action of a stimulus in precisely the same way as in the auricular muscle of the heart of a frog. Summing up, he says, the histological, anatomical and physiological evidence then all point to the same conclusion, viz., that in the sphincter muscle of the iris we have yet another example of a muscular structure supplied by two nerves of opposite character, the one motor, and the other inhibitory.

Further, the conclusion is forced upon us that, in those animals which are unprovided with any special radial muscular fibres, the dilatation of the pupil which occurs upon stimulation of the dilator nerves is brought about solely by the inhibition of the tonic contraction of the sphincter muscle in conjunction with the elasticity of the posterior limiting membrane or other parts of the iris, in consequence of which the pupillary edge of the iris naturally falls back when the sphincter muscle is relaxed.

—Dr. H. Hodgen, the member of the REVIEW editorial staff representing the department of orthopedic surgery, is in New York city in attendance upon the "Polyclinic." He will give his undivided attention to his specialty during his stay, a period of two months.

Any and all courtesies extended to him while there will be highly appreciated by us.

—The Oregon State Medical Society meets at Portland, June 8th, 9th and 10th.

ORIGINAL ARTICLES.

A CASE OF EXTRA-UTERINE PREGNANCY WITH RUPTURE OF THE FALLOPIAN TUBE. LAPAROTOMY ON THE THIRTY-THIRD DAY. RECOVERY.

BY DRS. MICHAEL O'HARA AND WM. H. PARISH.

Read before the Obstetrical Society of Philadelphia, May 6 1886.

On September 25, 1885, at 8 P. M., Dr. O'Hara was called to see R. H. At 6 P. M., while in apparent health, she was seized with severe rectal tenesmus, agonizing pains in pelvis, also pains from both flanks, and extending up and down the right leg and arm. From the tenesmus she thought she would have a stool, rushed to the water closet, continued in agony, rushed back quickly, fainted and was carried to bed. Rectal injections were given by those present with no movement of the bowels, opiates were given for the great pains. Two hours later, when seen, she was in collapse, almost pulseless; respirations very shallow, extremities cold, bloodlessness of lips and surface. The whole surface seemed bedewed with a cold death sweat. She could not lie on her left side or back, but reclined doubled up on her right side, and would jump up occasionally with exclamations of agony, desiring to run through the rooms to get rid of her pains. The expression of agony and the manifestations of the patient, recalled the case of Mrs. L., a case in Dr. Parish's practice, which proved to be a case of fatal hemorrhage. The look of the countenance once seen was photographed on the memory, and was reproduced by the case of Mrs. H., one of the things to be perceived and not to be described.

The history, hastily gathered, gave the following data: R. H. was 30 years old, mother of three healthy children, the last child one year old, which she was still nursing. She had never been sick, menstruated regularly about 22nd of each month. She had missed one menstrual period and thought herself pregnant.

The diagnosis was internal hemorrhage, due to rupture of the Fallopian tube at the fifth week of pregnancy. Counter-irritation by turpentine, sinapisms, hot water bottles, and stimulants and opiates given freely. Ice cold applications were tried to the abdomen, but refused by the patient.

26th. Dr. Parish met in consultation and concurred in the diagnosis. There was still shock, pulse 130, feeble and irregular; feeble respirations, normal temperature, great pallor evidently due to loss of blood. There were no symptoms of peritonitis. The patient showed signs of reaction, and laparotomy, though discussed was deferred.

27th. Temp. 101°, pulse 120. Surface shows a dirty pallor; patient somewhat relieved, takes nourishment, champagne and chicken broth. Reapplied ice applications, which she resents, preferring warm poultices or turpentine stupes as more comfortable. There is no evidence of a return of the hemorrhage.

28th. Temp. 101°, pulse 106. Abdomen tumid, soft; no symptoms of peritonitis. Bladdder now has to be relieved by catheter. Morphia has been kept up in quarter grain doses every two hours. Evening temperature, 101½°.

29th. Catheter has to be used; urine of very high color, specific gravity 1018, and under microscope nothing shown different from febrile urine and some bile elements. She vomits acid matters somewhat fecal in appearance, but not in odor. Temperature 101°, pulse 106. She voids flatus freely.

30th. As the patient was able to bear it for the first time, she was closely examined. The abdomen was greatly distended; there was no tenderness on moderate pressure; general resonance except in right flank, where there was moderate dulness; there was no dulness in the left iliac and lumbar regions, except very far back, near the kidney. There is an apparent bulging of the right flank; there is a general edema of the vaginal surface; the anterior wall of the vagina is thicker at the cervix and to the left; cervix is moderarely soft and patulous; the posterior wall of the vagina is swollen and thickened; there is no bulging of the posterior pouch. It was deemed unadvisable to examine with the sound. The urine drawn to day is almost black in color. The pulse is 104, temperature, 99°, and respiration normal. Morphia, ¼ grain, continued every four hours.

Oct. 1st. Passed urine and feces. She is restless and chilly at times. Takes quinine and morphia, whiskey and milk, feels hungry. Temperature 100½, pulse 100. Cotton batting and waxed paper placed over abdomen.

2nd. Much jaundice, the eyes and entire surface discolored; there is general edema of the cellular tissue of the body; no chill or sweats; urine porter-colored, less in quantity. She slept all day. Temperature 100°, pulse 96. There is pain and tenderness in the

liver region. For constipation, gave calomel and soda in repeated doses.

3rd. Quite ill; vomiting and purging all night; bile ejected up and down in great quantities; jaundice is very much lessened. Temperature 99°, pulse 100. Vomiting has ceased, no pain. There is less cellular edema; there is some dulness over the spleen.

4th. Slept well; very yellow again without aggravation of other symptoms, after clearing up. Temperature 99°, pulse 80; jerky and irritable pulse of anemia. There is no vomiting, pain, soreness or sick stomach. Takes nourishment and very little stimulus, only for occasional cramp. Requires occasional hypodermic of morphia for pains, which are also relieved by the emission of flatus. Sodium phosphate ʒj, twice daily.

5th. Pulse 84, temperature 98$\frac{3}{5}$°. No bad symptoms, still slightly jaundiced; takes slop diet freely.

6th. Quite jaundiced again, bowels open, no fever, chills or sweats.

7th. Sallow appearance, bowels open, no soreness.

8th. Color sallow, adnata bile-tinged, lips red, finger nails white, the abdomen moderately and generally tympanitic; the cervix soft and patulous; the position is normal, while on the 30th the cervix was directed to the left; there is still puffiness and swelling of the tissues immediately in front of the cervix; Douglas' pouch is free, but there is a swelling on both sides of the cervix as well as in front. The size of the uterus still undetermined on account of danger of bi-manual operation or use of the sounds. There is now a bloody discharge, painless, containing deciduous-like fragments. The dulness in the right iliac region has disappeared, and there is a general resonance in its place; urination is painful and impeded. She locates the pain now more in the right inguinal region, having been previously to the left. She feels well enough and desires to get up; temperature normal.

9th. Thick, heavy uterine discharge, painless, continues.

11th. Discharge ceased; there is slight yellowness of eyes; seems doing well.

12th. Recurrence of jaundice; regular, dark stool. Sodium phosphate given.

14th. Severe headache, and other febrile symptoms; a severe uterine hemorrhage with large clots, and no pains except a continuous backache. There is general uterine soreness on pressure and dulness on percussing to the left side; there is some tympany. Pulse 104, tempt. 101$\frac{1}{2}$°. Sodium bromide ordered every four hours.

15th. Vaginal examination discovers the uterus enlarged and tender, the cervix soft and patulous; there is a slight bloody, inodorous discharge. The right half of pelvis seems free from deposits; in the left half, dulness extends upwards to a line drawn from the umbilicus to the crest of the ilium; there is tenderness over the uterus and over the area of dulness. Temp. 99°; pulse 100. Has sallow complexion. Basham's mixture ordered.

16th. Temp. 99$\frac{4}{5}$°, pulse 90. Last night had a terrible flooding for one hour, slight hemorrhage still continues; quite tympanitic in abdomen; the dulness extends on the left side; urination and defecation normal. The loss of blood has induced appearance of profound cachexia. Painting with iodine and poultices ordered to abdomen.

17th. Uterine hemorrhage has ceased. In the discharge there was an appearance of membrana decidua mixed with clot. The abdomen is generally distended; the suprapubic dulness is extending to the right; the area of dulness and tenderness on the left side is increased slightly, the area of dulness and tenderness coincide on left side. Thermometer 101$\frac{1}{2}$°, pulse 104. There is frequent chilliness and flashes of heat. Digital examination reveals nothing additional.

19th. There is pain and hardness on the left side; constipated; catheter has to be used.

20th. Therm. 99°, pulse 100. The area of dulness and tenderness remains about the same as on 17th. The uterus seems fixed. There is a moderate show of blood. Quinine and Basham's mixture given. Had pain in right iliac region, increased on motion. Cannot be on the right side, on account of dragging pain in left iliac region. Had no chills since 17th.

22d. Temp. 99°, pulse 80.

23d. Has colicky pains frequently; the induration on the left side not so decided. Ordered ungt. hydrarg. to abdomen.

24th. Uterine discharge slight; the mass at the top is on a level with the umbilicus extending from the right into the left iliac fossa. There are signs of softening along the crest of the right ilium.

25th. The cervix is soft, a little less patulous; there is a grumous, inodorous discharge with small black clots. Temp. 101°, pulse 100. Poultices resumed. Has frequent chills and fever following. Yesterday, at 3:30 P. M., a violent chill continuing half an hour. Patient looks very badly. Has constant sharp, cutting abdominal pains. Morphia freely given.

26th. Temp. 101°, pulse 102. No appetite, bad color, dullness remains about the same. The mass to the left of uterus can be felt through the vagina. Uterine discharge con-

tinues; os uteri patulous and soft like an os of pregnancy. The uterine sound enters three inches; uterus moderately anteflexed, not very tender. There is evident decline of the powers of the patient to an alarming extent. There is constant vomiting and wasting of flesh. Medicine by mouth is suspended, and rectal enema substituted.

27th. Temp. 100½°, pulse 110. Easier; costive. Pil. Rhei. Co.

28th. Still lowering of tone of the patient. Temp. 99°, pulse 106. The patient presents the appearance of a person slowly dying from blood-poisoning, and surgical interference was urged as the only means of averting death. The operation was performed by Dr. W. H. Parish, and he has prepared the following report of the operation:

OPERATION BY DR. W. H. PARISH.

There were present Drs. O'Hara, McElroy, R. P. Harris and De Forrest Willard. I proposed to cut down directly on the tumor by means of an incision immediately above the outer portion of Poupart's ligament, believing that the tumor consisted of blood coagula and pus, located external to the peritoneum, and that the anterior parietal peritoneum had been dissected up to such an extent that the mass could be incised and emptied above Poupart's ligament without opening into the peritoneal cavity, and without incurring the possibility or probability of objectionable fluids reaching the serous surface of the peritoneum. I also believed that the peritoneal cavity was clean, and that there had been no general peritonitis.

The gentlemen present advocated a median incision for purposes of exploration, and, in deference to their views, I first cut through the linea alba, just below the umbilicus, making an incision long enough to admit two fingers. The peritoneal cavity was found empty and the peritoneum quite normal, though somewhat congested. The exploring finger showed that the mass was external to the peritoneum; and had extended upward from the left half of the pelvis to a level with the umbilicus. The broad ligament had become obliterated by separation of its peritoneal layers. It was not deemed advisable to explore with the finger with the view of determining the condition of uterus, and ovaries and tubes. The peritoneal covering of the abnormal accumulation was evidently thin and tense, so that a careful exploration as to the condition of the uterine appendages would have endangered its rupture and the probable development of general peritonitis.

It would have been an easy matter to have stitched the parietal wall of the tumor to the walls of the median incision, and to have then, by incision, emptied the mass of its contents. But such a procedure would have been attended with the risk of leakage of the offensive fluid into the peritoneal cavity.

To avoid this risk, I now made another incision along the line of original election, *i. e.*, above the outer border of Poupart's ligament, and readily reached the mass cavity without wounding the peritoneum. This incision was made long enough to admit two fingers. About one quart of blood coagula, altered fluid blood and pus escaped. The fibrinous masses were removed with the fingers, and all attached portions were scraped off with the fingers. The curette was avoided, chiefly because of the thin upper wall. The cavity was washed out with antiseptic fluid.

The median incision was closed with sutures. A drainage tube was introduced into the mass cavity. An incision could not have been safely made through the vagina, as the intervening tissue was too thick and its vascularity too great. Moreover the suprapubic incision admitted of more thorough emptying of the cavity with the aid of the fingers.

[TO BE CONTINUED.]

ADDRESS ON STATE MEDICINE.

BY JOHN H. RAUCH, M. D., OF ILLINOIS.

Chairman of the Section. Thirty-seventh Annual Session American Medical Association, St. Louis, Mo., May, 4–7, 1885.

Speaking specifically of the Illinois Medical Practice Act, Ex-Governor John M. Hamilton has recently said: "The object of the Medical Practice Act was primarily a police regulation. Incidentally it was educational. Primarily the purpose of the law was to rid the state of incompetent, ignorant and dangerous mountebanks and quacks, who were carrying on a fraudulent and nefarious business by all manner of deceit in a pretended practice of medicine among the people. It was to protect the lives, the health, the morals and the property of the people of the state from the shameless depredations of swindlers and adventurers, who, by all manner of false representations and deceptive promises, were taking advantage of the misfortunes of the people in sickness and ailments of all kinds, to still further injure their health, endanger their lives, and rob them of their money.

"Incidentally the law was designed to require a reasonable amount of education to fit one for the practice of medicine before he should be allowed to enter that profession, so directly and intimately connected with the lives, the health and the happiness of the people. Both these purposes come clearly within the police powers of the State in affording such protection to its citizens."

An unbroken line of authorities, from Blackstone down to the most recent decisions of the various Supreme Courts, hold that the police powers of the State are plenary and inalienable, co-extensive with the natural right of self-protection; that their exercise is demanded and justified by the "law of over-ruling necessity," and that, broadly, they are the foundation of all laws and regulations for the well-being or government of the people, and specifically, of all laws, ordinances, rules and regulations for the preservotion of the health or safety of the community.

Early in the history of the country laws, thus founded, were enacted for the regulation of the practice of medicine. But the sparse population and the conditions which then obtained, as well as the fact that many of the enactments were so onerous and restrictive, that they came to be regarded by the public as in the nature of class legislation, operating to make the profession a close guild or trades union, prevented their enforcement. They were gradually repealed or fell into a state of "innocuous desuetude," until, about 1830–1840, there were practically no restrictions; the profession became a "free-for-all"; bogus diplomas were openly and unblushingly sold and displayed by their purchasers, as credentials of membership in a learned profession; the country was over-run by hosts of ignorant, immoral and dangerous swindlers, self-styled "doctors," who preyed upon the unfortunate afflicted; "isms" and so-called "schools" of medical practice multiplied; a mushroom crop of diploma mills sprang up over the land; and, as a natural result, the general standard of medical education and of requirement for graduation—except among the best class of medical colleges—fell lower and lower.

A reaction from this condition began at about the close of the first century of our national existence, at which time, 1876, North Carolina had a well-framed law, creating a State Board of Medical Examiners, passed in 1859. Kentucky had enacted a law in 1874, creating District Examining Boards, but, except in a few counties, this soon became a dead letter. In 1875 Nevada, and in 1876 California and Texas legislated upon the subject. In 1877 Alabama established a State Board of Medical Examiners, and Illinois passed a Medical Practice Act, the execution of which was devolved upon a State Board of Health, created by a separate enactment. Within the next two years only two other states took action. Kansas in 1879 (repealed in 1881) and New York in 1880. In 1881 nine states and one territory enacted medical practice laws, viz.: Arizona, Arkansas, Colorado, Connecticut, Florida, Georgia, Nebraska, New Jersey, Pennsylvania and Wisconsin. In 1882, Louisiana, Mississippi, New Hampshire, New Mexico, South Carolina, West Virginia and Wyoming; in 1883, Delaware, Michigan, Minnesota and Missouri; in 1884, Dakota and Virginia; and, since the last meeting of the Association, Indiana and Iowa have swelled the total to 33 states and territories of the Union, which now exercise some degree of legislative control over the practice of medicine within their borders.

The general drift and tendency of this legislation are toward securing a recognised standard of professional attainments, evidence of which—with a few notable exceptions—is afforded by the presentation of a diploma of graduation from some legally chartered institution in good standing; or, in the absence of this, an examination, more or less strict, in the various fundamental branches of medical science. The exceptions are in the states of Alabama, Mississippi, North Carolina and Virginia, where the diploma is ignored, and the applicant for admission to practice must establish his possession of the necessary skill and ability, so far as an examination of the Board may determine the same.

As an evidence of fitness and qualification the diploma, must obviously, vary in character with the character of the institution by which it is issued. Medical instruction in this country is almost entirely a matter of private enterprise, and until within a few years, numerous "colleges," with the briefest of lecture terms, conducted by the scantiest of faculties—in which one man often played many parts, innocent of clinical, surgical or anatomical material—and with the most charitable of examinations, have graduated into the profession all who could pay the necessary fees and armed them with the talismanic diploma.

Since 1765 a total of 224 medical educational institutions have been founded—not established—in this country, of which number 105 are now happily extinct. There are still remaining 120 medical schools of all kinds in the United States, and among them it is only fair to say are some in which the

course of instruction, the facilities and the competency of the teachers, are as high as anywhere in the world. Within the last 20 years there has been, in fact, a marked and gratifying improvement in the standard of medical education. I quote a few illustrations of recent improvement from my last report on medical education in the United States and Canada. There are now 93, out of the existing 120 colleges in the United States, which exact an educational requirement as a condition of matriculation; in the first report there were only 45.

Attendance on three or more lecture-courses before graduation is now required by 24 colleges, as against 12 heretofore; and provision is made for a three or four year's graded course by five others. Hygiene is now taught in ninety-one colleges, and medical jurisprudence in ninety-seven; as against forty-two and sixty-one respectively, heretofore. The average duration of lecture-terms has increased from 23.5 weeks to a fraction over 25 weeks; seven more colleges have lecture terms of five months or over, and ten more have terms of six months or over as compared with the sessions of 1882–83.

While much of this progress is due to a general and increasing desire on the part of the profession to raise the standard of attainments necessary to enter the ranks, and to the enforcement of certain requirements in states which have enacted laws regulating the practice of medicine, it will not be invidious to attribute a fair share to the adoption in 1880, by the Illinois Board, of a Schedule of Minimum Requirements, enforced since 1883, and which prescribes, that a medical college in order to be held in good standing, for the admission of its graduates to practice in Illinois, shall exact such a general preliminary education of the intending student, before his admission to the lecture room, as will enable him to comprehend the instruction therein given; and shall issue its diploma, conferring the degree of M. D., only upon the completion of such curriculum of study as to the branches of medical science taught, the duration of the reading and of lecture-hours, and the amount of practical instruction in hospital and at the bedside, as obtains in the average medical school.

Minnesota, Missouri and West Virginia exact substantially the same standard, and the work of the Minnesota Board, especially, has been wide reaching and beneficial in this respect. The Iowa law, just enacted, confers similar powers, and the influence upon medical education of this group of States, Minnesoto, Missouri, Iowa and Illinois, in establishing a uniform test of the "good standing" of medical colleges, must be felt throughout the country. Fully one-third of the new graduates every year settle in the west, and colleges must perforce take cognizance of this fact.

While the Schedule of Minimum Requirements does not set up so high a standard as that aimed at by the American Medical College Association, it has the advantage of applying to all schools of medicine and of having been successfully enforced for three years. Furthermore, it is susceptible of modification, and the question is already being considered whether the time is ripe for a further advance. Until within a short time there had been, for sixty years, no marked departure from the orthodox three years of study and two courses of lectures as the requirements for graduation. But, as already shown, there are now twenty-four colleges which require attendance upon three terms of lecture, and some of them four years of study, and fifty-eight others which make provision for a similar extended course. The domain of medicine has so far widened its borders, especially within the present generation, that the methods and periods of study which sufficed thirty or forty years ago are no longer adequate.

A low standard of medical education and the absence of uniform legal requirements are also responsible, almost exclusively, for the overcrowding of the profession. Did time suffice it would be interesting to present this matter in detail, but I can only glance at some of the results of my study of this phase. In 1880, there were, according to the national census, 83,436 physicians in the United States. Since that date there have been added —exclusive of the foreign increment—23,531 new graduates, not including those of the last sesssions, 1885-86. This makes a total of 106,947, and is an annual increase of over five and one-half per cent, while the annual increase of population is less than two per cent. The annual death rate, basing that of the country at large upon the Illinois rate, which I have pretty accurately determined to be 12.38 per thousand, is less than that of adult males engaged in all occupations; and the difference will probably fairly balance the loss by those who retire from practice on account of old age, physical disability, and other causes not connected with the question of fitness and professional success.

It will, then, be within bounds to say that the excess of the percentage of new graduates over the percentage of increase of population represents the number of unnecessary recruits to the ranks of the profession every year.

The answer to the questions: What becomes of them? is indicated by these figures concerning the profession of Illinois:

June 14, 1880:

Total number in practice as shown by Official Register of that date	5979
Total number of new certificates issued to new men up to Feb'y 10, 1886	2063
Total to be accounted for	8042

February 10, 1886:

Total number in practice as shown by Official Register of that date	6062
Total number died	344
" " left the State	1061
" " abandoned practice	572
	8042

That is to say, over seven per cent of the entire number failed as physicians and sought other modes of obtaining a livelihood. It is noteworthy, by the way, that the non-graduates fall out in much larger proportion than the graduates, and that the graduates of three-course schools show the smallest percentage of loss either by removal from the state or by abandonment of practice.

Here are some instructive figures for Chicago. In 1880 there were certificates issued to 172 new comers; five years later, only 84 of these remained—a loss of over one-half. In 1881, there were 183; in 1882, 171; in 1883, 209; and in 1884, 198 new comers; and in 1885 there remained of each years' group 97, 116, 145 and 168 respectively. In one year the loss was 15 per cent; in two years, 30 per cent; in three years, 32 per cent; in four years, 47 per cent; and in five years over 51 per cent.

There are 1500 to 2000 physicians, in the State of Illinois, more than are necessary to supply the legitimate demands for professional services, and who are not earning a comfortable livelihood from legitimate professional exertion. And what is true of Illinois is probably substantially true of every State in the Union. I will not stop to dwell upon the demoralizing effect of this condition —demoralizing to the individual, to the profession and to the public. Instances of this demoralization must be familiar to every member of the Association.

On the other hand, and by way of contrast, I wish to add one further illustration from my personal experience. During the past nine years, my official position has made me familiar with the professional history and status of over 13,000 men, more or less directly connected with the practice of medicine in Illinois. I have followed up with especial interest and care the careers of 789 out of 1000 physicians, who studied four years and attended three terms before graduating. These are—with few exceptions—the successful and prominent members of the profession in the different communities in which they reside. They are well equipped by general education, by an ample period of professional study, by didactic and clinical instruction, and by hospital practice. They are successful, as a rule, because they have fitted themselves to command success, and this Association can do few things more directly in the interest of the public and of the profession, than to exert its further influence to increase their number, while decreasing the number of the opposite class.

The foregoing considerations seem to me to lead logically to the following conclusions:

1. That the best interests of the public welfare demand the highest attainable standard of educational qualifications, skill and abilily, as well as of professional and personal honor, integrity and morality, among those engaged in the practice of medicine.

2. That it is the duty of the State to exercise the inherent plenary power and authority, which it possesses for the protection and promotion of the public welfare, to secure such standard.

3. That uniform State laws, exacting of every one aspiring to the practice of medidine proof of personal fitness and professional competency, would prove the most potent agent in improving the standard of medical education and in enhancing the dignity and usefulness of the medical profession.

Specifically, I wish to suggest that the American Medical Association should put itself upon record, at this session, as recommending the extension of the period of study to four years and of attendance upon lectures to three full terms, with ample hospital practice and clinical instruction, as the requirements for graduation in medicine.

That the section upon State Medicine be instructed to frame a law for the regulation of the practice of medicine, which law, when endorsed by the association, shall be the standard with which all existing legislation on this subject should be made to conform as speedily as practicable, and which shall be urged for adoption by those States, where no such law now exists.

Whether such a law should establish a single state examining board, which, independent of any influence from the teaching interest through a diploma or otherwise, should admit to practice only upon actual examination, or whether the diploma of a college in good standing should be accepted as proof of necessary qualifications, are questions for earnest consideration. If the policy of those

states, which are enforcing a standard of requirements whereby to test the good standing of a college, be continued in good faith, and with as much effect during the next twenty years as during the past three, there would be little to choose between the two modes. But before an independent examining board, intent only upon ascertaining the the applicant's moral and professional fitness, the graduates of all colleges should stand alike upon their individual merits, and the effect would be to hasten the tendency now recognized and approved by the best minds of the profession, namely, to make the science of medicine as exact as it is complex, and to obliterate much of the element of empiricism which still justifies the use of the term "art" in its designation.

By either modes the state may promote the public welfare, and through a wise regulation of the practice of medicine elevate the standard of medical education, which is the foundation of the practice. And it seems to me especially fitting that the American Medical Association should again make its influence felt in this direction. Its earliest labors, and among its most important and successful, were devoted to securing a "uniform and elevated standard of requirements for the degree of Doctor of Medicine." Its further efforts at this time should be attended with even greater success.

[TO BE CONTINUED.]

CLINICAL NOTES.

NEW YORK POST GRADUATE SCHOOL AND HOSPITAL.

DEPARTMENT OF CLINICAL SURGERY.

SERVICE OF PROF. LEWIS S. PILCHER.

CASE I. B. A., Male, æt. 28, asked to be relieved of an extensive cluster of tuberculous glands from left axilla. After placing the patient under the influence of an anesthetic, a free crucial incision of about five inches in length was made over the mass, and the diseased glands carefully dissected out. The wound was closed with sutures. A good sized drainage tube was inserted and the whole surface dressed and supported with antiseptic pads. Dressing removed in seven days very little discharges had taken place. Patient expressed himself as feeling "first rate," and desired to be permitted to return to his home. Maximum temperature, 99½°. I desire to call attention to the novel antiseptic pad in use at this institution, and with which this case was dressed. It was invented, I believe, by Prof. Pilcher.

It consists of a small gauze-sack, filled with saw dust, which has previously been treated with a solution of bichloride of mercury, and then dried under protection from atmospheric influences. It is then filled into the pad shaped sacks, and stored away in air-tight cans ready for future use. The amount of discharge that one of these sacks will absorb is really astonishing and is only equalled by the rapidity with which it takes it up. The results from their use has been highly satisfactory.

Case II. Miss A. C., æt. 16 years, came for the removal of a sarcomatous growth from the right anterior portion of the superior maxillary bone, the external and palatine regions being involved. After being placed under the influence of an anesthetic, the teeth in the diseased region were first removed, the diseased tissues carefully dissected away, followed by a free use of the bone forceps. After all hemorrhage was stopped, an iodoform tampon dressing was neatly applied and maintained in position by bandages.

CASE III. A similar operation was performed on W. P., æt. fifty years, for "Lupus." The disease was located in the same region as in the foregoing case. This was a case of long standing, and the destruction was terrible, involving both the superficial and osseous structures. A large V shaped mass was removed including all the diseased structure, and an iodoform tampon dressing applied. The patient made a good recovery.

CASE IV. A. B., æt. 25 years, male, presented himself for the removal of a large sebaceous tumor from right cheek. Local anesthesia by the aid of cocaine was produced by hypodermic use in the region of the tumor and a topical application. A free vertical incision exposed the cyst to view, which was carefully dissected out. The wound was closed with sutures and dressed antiseptically. Numerous other cases presented themselves, including ingrowing toenails, abscesses and fistulæ in ano. While they presented nothing of any magnitude, much satisfaction was expressed by the professional gentlemen present at the dexterity and dispatch with which they were treated.

—The State Medical Society of Wisconsin meets at Madison, Wis., on June 1st.

WEEKLY MEDICAL REVIEW,
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SATURDAY, MAY 29, 1886.

AMERICAN MEDICAL EDITORS' ASSOCIATION.

The Medical Age (May 10th) indulges in a rather ill-natured growl at the "American Medical Editors' Association" for not having in the past accomplished more good to the cause of medical journalism. It complains, "that the chief thing which has thus far distinguished the association is its imposing name. Its history fails to reveal the slightest service done the cause whose interest, it is presumed, it was organized to promote. Its *raison d'etre* has never been apparent in anything which it has achieved, unless the fact, that it has occasionally enabled a few of its members to see each other's faces and shake each other's hands, be regarded as a sufficient excuse for its existence.

That it has in it the potency of much good both to its members and the profession at large is undeniable, but it has been sadly remiss in the development of its possibilities. The proceedings of its meetings have consisted in the reading of more or less prosy presidential addresses on irrelevant topics, and the election of officers for the ensuing year. It was hoped that the meeting this year would have been productive of some substantial good in the direction of practical work, but again the hope was disappointed. The president, Dr. H. O. Walker, of this city, (Detroit, Mich.,) rashly violated the precedents by reading a very interesting address, full of practical suggestions, before the meeting at St. Louis on the 3rd inst., on which, however, the Association, true to its record, took no action, but incontinently proceeded to the election of its officers, and then, as usual, adjourned, each member sheepishly asking the others, as far as he could do so with his eyes, what in the —— they had met for." And so on, for another entire colume the Lamenting Jeremiah continues in the same strain. It strikes us that all this is unkind and unfair, and we can excuse it only on the ground that friend Mulheron, of the *Medical Age*, went home from St. Louis suffering from indigestion and has not yet recovered, his leading editorial regarding the meeting of the A. M. A., of the same issue as the above, being in a similar lugubrious vein. He was present at the recent meeting of the American Medical Editors' Association and sat very near to the presiding officer during the reading of the latter's very interesting address, and at its close his "voluble eloquence" was not brought into requisition in the direction of securing proper action upon the "practical suggestions" presented. Had he done so, the "patness of his remarks" would have been appreciated by all, and the result might have been different. Having neglected his duty along with the rest, he might at least have drawn attention to the dereliction of the Association a little more good humoredly. We are not willing to admit, however, that great good was not accomplished by the meeting. The "seeing of each other's faces and shaking of each other's hands" was good. If nothing more should be accomplished than the mere rubbing together in a social way of the various medical editors of the country, this would in itself be ample compensation for the time involved; yet we grant that there are greater possibilities and opportunities for good to the profession than have yet appeared, but the best way in which to aid their securement is for members not to sit dumbly by while nothing is done, but the rather to formulate their ideas and present them early and often through the columns they control, and at the annual meetings see to it that their ideas become facts.

If a member, however, be present, and remains as dumb as the shrimp or lobster at his plate, or the traditional "bump on a log," there is no excuse for his returning home and indulging in ill-natured complaints at the silence of others, unless he can plead in abeyance that during the meeting his "nervous derangement" took the form of "aphasia."

Detroit owes the American Medical Edi-

tors' Association something better than this; two of her best presidents in recent years have come from there, and we shall expect in return aid in the direction of good work for the Association.

Let us then, brother editors, during the coming year, make suggestions one and all, and well consider them, and at our next meeting, at Chicago, discuss them, weigh them in the balance and adopt those that are not found wanting, and accomplish a more substantial good to the Association and to ourselves.

I. N. L.

Yellow Fever Inoculation.

In conjunction with a resolution concerning the investigation of yellow fever, introduced at the meeting of the American Medical Association, we deem it important to give the notes of the inoculation of Dr. H. M. Lane, of Carthage, Mo., with Freire's attenuated fluid while in Rio de Janeiro. Dr. Lane was formerly secretary of the Southwestern Missouri Medical Society, residing at Smithfield, and is, therefore, well and most creditably known in the state.

The doctor relates that he was inoculated by Dr. Freire himself, with one gram of the twenty-second culture. The fluid was injected under the skin over the deltoid muscle, at 11 A. M., on the 16th of last March. At 5 P. M. on the same day a decided chill took place, accompanied by headache and followed by nausea. There were also muscular pains and the restlessness peculiar to the first stage of yellow fever; also a rapid rise of temperature and corresponding acceleration of the pulse. The temperature reached 102.5° F., at 10 P. M. that night and went to the maximum reached, 102.7° F., at 2 A. M. in the morning. At that time the doctor fell asleep and awoke at 5 A. M. perspiring. The fever gradually subsided, and by four or five o'clock P. M. had entirely left. During the twenty-four hours of fever there was almost complete suppression of urine. Appetite did not return for two days.

The doctor had come to Rio from the mountain region, 300 miles away. On his arrival the annual epidemic was at its worst, and under ordinary circumstances it was considered very dangerous then to visit Rio.

After the inoculation the doctor remained in the city more than a week, engaged in studying the yellow fever question, and visited the hospitals and infected districts, collecting statistics. At the same time Dr. Lane hunted for cases of persons that had been inoculated and had subsequently, nevertheless contracted the fever. He failed to find a single case that had not been completely protected and enjoyed safe immunity in the same localities, streets and houses, and under the same particular conditions, that brought the fever and death to hundreds. A companion that accompanied the doctor from the mountain region to Rio, who was not inoculated, took the fever and died, although in no manner much exposed.

All these circumstances cause a firm belief on the part of Dr. Lane, that the inoculation protected him. Dr. Freire has now inoculated over 7000 persons, and so far as it is possible to discover these persons are protected from the fever.

A quantity of the culture-fluid employed by Dr. Freire has been put into the hands of the bacteriologists of Johns Hopkins' University, and of Cambridge. We learn that a specimen was also left by Dr. Lane in this city, and we are in hopes that the investigation of these samples may show something. We are indebted to Dr. Lane for a copy of Dr. Freire's pamphlet entitled "*Le Vaccin de la Fievre Jaune*," and intend to communicate to our readers its points of interest.

Casein or Milk Peptone, The New Preparation.

To the many peptones and peptonoid preparations that have, of late years, been put upon the market, intended for the use of invalids and convalescents, has been added a new one, that materially differs from its predecessors. Those now in use are in the

main derived from meats, being the products of most complicated and difficult processes of of peptonization. The results of these processes are accordingly widely different, and the readers of the REVIEW will remember the extraordinary variations the well known preparations show, as demonstrated by Stutzer, of Bonn. (See REVIEW)No. 1,Vol. xii.

The preparation now offered is reported to be constant and without variation, being produced in accordance with strict scientific methods. Dr. Theodor Weyl, of Berlin, describes the article in a paper read in February, before the Medical Society of Berlin.

The new article, as indicated above, is obtained from milk. The casein is separated from the milk and subjected to peptonization. The casein is precipitated and freed absolutely from foreign admixture. We then have an albuminous substance which is ready for treatment. Weyl points out the differences that exist between casein and the albumens peculiar to muscle, to the blood, to eggs, etc. While all of these are peptonized by the action of pepsin in solution acidulated by hydrochloric acid, or by the action of the pancreas ferment in alkaline solution, directly, such an alteration of casein to peptone does not at once follow. Before casein is peptonized it is broken up, and thereby results *nuclein*, a substance containing phosphorus, and *albumen*. The latter is then converted into peptone, the former remains as an invaluable flocculent mass. This, in the main, is the difference of behavior in the process of conversion. As regards the product, the meat peptones are, as a rule, brown, generally syrupy fluids. The casein-peptone, however, s a white powder, easily soluble in cold water.

A very important feature of the casein-peptone is its taste. Zuntz has shown that the purer the peptone produced from meats, etc., the more pronounced and intense is its specific taste. This, as we all know, is an extremely disagreeable one, being a serious drawback to its administration to delicate patients, whose stomachs have become sensitive and whose nervous organization is exhausted and unstrung by suffering and waste. According to Zuntz, it is a very good general rule that the more palatable such a preparation is, the less peptone, actually is contained therein. The purer the peptone, the more abominable the taste. We are then confronted by a dilemma and have the choice either of a relatively palatable and accordingly useless preparation, or of one that, although virtuous in composition, necessarily must damage our patient by the disgust and aversion that follow its administration.

The above stated objection, too great purity and consequent strong, sharp taste, was the one entered by the clinical directors at Berlin against Weyl's preparation, when he first put it into their hands for trial. To overcome this difficulty and make his preparation available, Weyl determined to adulterate his pure casein-peptone with a substance designated to cover the taste. The best admixture, one that does not materially invalidate the nutritive value of his preparation, was found to be meat-extract. We are assured that thus an agreeable palatable product results.

Merck, the renowned chemist of Darmstadt, perfected the details of the manufacture of the substance, and is now producing it. No doubt, if it is worth all that is claimed for it, over and above the current preparations, we shall soon have it in this country.

That the preparation, although mixed with an extract of meat, remains distinct and specific in its characters, is shown by the following table of analysis, comparing the preparations of meat most in use in Germany, on account of their excellence, with the new product:

Product.	Kochs.	Kemmerich.	Weyl.
Water. -	40.4	33.4	3.8
Salts. - -	6.7	7.3	12.6
Organic matter	53.0	59.2	83.4
Nitrogen in org. matter -	.?	10.3	12.5
Albumen - -	16.0	10.0	Traces
Peptone - -	12.6	37.3	68.4
Org. matter (excl. alb. and peptone).	24.3	12.0	15.0

It is apparent that the product is abundant in peptone. And this constitutes its excellence and makes it preferable to any of the

known articles. It is asserted by the physiologists that all albuminous materials must be peptonized before it is ready for assimilation. From this it follows that the ingestion of peptones must prove nutritive. That this is a fact is proven by experimentation. But, by this method it has also been shown, that the several peptones vary greatly in their nutritive value. They are not equally assimilable. The peptone obtained by the peptonization of gluten, for instance, is found to have no nutritive value. And most of the current preparations are by many investigators said to contain such peptone. Weyl's preparation can not possibly contain such peptone, milk and meat-extract alone entering into its composition.

Paralysis following Fracture.

At the last meeting of the New York Academy of Medicine, a case was presented that reminds of the instances of ischemic muscular paralysis that follow fracture of the forearm now and then, and to which the Review called attention some time ago. It is possible that this is an example of this nature, although the reporter, Dr. Leszynsky, does not refer to the possibility of the dressing being to blame for the result. There was presented a man, aged-thirty three years, whom he first saw April 13th, when he gave the following history: Ten weeks before, he fell and fractured the left humerus at about the middle third, the bone, he stated, being completely divided without producing a perceptible injury to the soft parts· After the injury he found the fingers numb, there was difficulty in moving the hand, and the wrist had dropped. He received surgical treatment. When Dr. Leszynsky saw the patient, his left upper extremity hung loosely by his side. All voluntary motion was abolished below the seat of the fracture. The shoulder muscles were not affected. There was a marked wrist-drop and the arm was kept in the position of pronation. The elbow joint was ankylosed in extension. There was but slight flexion; but a greater amount of supination obtained upon passive motion. There was decided swelling over the external condyle, and a large amount of callus over the seat of fracture, which had become firmly united. There was some atrophy of the intrinsic muscles of the hand, and, probably, of the muscles of the forearm. The skin was cold, blue, and mottled, and the hair and nails seemed to have grown less than on the other extremity. There was complete anesthesia below a line encircling the limb three inches above the olecranon, tactile, temperature, and muscular sense and pain being abolished.

Dr. Leszynsky then gave the result of the electrical examination when he first saw the patient and during the progress of the treatment, which showed that the condition of the limb was improving. He was of the opinion that the nerves were injured at the time of the fracture, and not by the development of callus. The case showed the importance of an electrical examination in taking a prognosis.

Treatment of Whooping-Cough by Carburetted Hydrogen.—W. T. Greene, writes in the *London Medical Press* (*New York Med. Abst.*)—Whooping-cough is an acknowledged formidable complaint, of which the etiology is uncertain, though it probably depends on irritation of the pneumogastric by a peculiar poison; it is usually confined to early life, and is scarcely amenable to ordinary treatment. Authorities are not agreed as to its duration. In the north of Ireland, it was popularly considered hopeless to expect a case to get well before the following May, even when the complaint had begun in June! Various specifics have been recommended; thus Fuller administered gradually increasing doses of bella-donna. Sir Duncan Gibb pinned his faith to nitric acid; and other practitioners advised brom. pot., hydrate chloral, or carb. iron; while others extolled the efficacy of inhalations of the vapor of carbolic acid. External counter-irritation was at one time greatly in vogue, and I yet bear on my chest the indelible scars of the blisters produced by tartar emetic ointment,

rubbed into me during my personal experience of this complaint. But perhaps the most mischievous of all was the depleting and expectorant plan of treatment, which caused far more deaths than the disease itself. I remarked, in London, that the poorer classes were much in the habit of taking their children, when afflicted with the whooping-cough, to the gas factories, where, it was popularly believed, they derived no small benefit from inhaling the pungent fumes; but as they also frequently contracted bronchitis, and sometimes pneumonia from exposure to cold after leaving the gas works, this mode of treatment could scarcely be looked upon as altogether satisfactory. Strange as it may seem, although the clue was thus, so to speak, placed in my hands years ago, a considerable time elapsed before I thought of the plan I have since adopted. One of my children sickened with the disease, which gave every indication of gravity; but after a day or two, the severity of the initial symptoms gradually subsided, and all trace of the whooping-cough disappeared in about ten days. What was the cause? Simply this; just at the head of the child's cot there was a slight escape of gas and the little boy got rid of his whooping-cough in a marvellously short time. I lost no time in repeating the experiment, and with the like gratifying result. This, then, is the remedy for whooping-cough. Let the patient inhale frequently, five or six times a day at least, the ordinary illuminating gas, which mainly consists of carburetted hydrogen, though probably the vapors of the volatile liquid carbides of hydrogen that are associated with it, are not without their share in producing the result. Let this be done regularly, and, in from three to ten days, the attack of whooping-cough will be a thing of the past The mode of administration is quite sinple; procure a piece of ordinary gas-tubing, of sufficient length to reach from one of the gas-burners to the floor, turn on the gas sufficiently to make its odor perceptible, and make the patient inhale it for a few minutes, as often as convenient; it will not make him cough, but on the contrary, afford him a grateful sense of relief, and after a few more inhalations the more formidable symptoms of the disease will disappear, and the complaint will altogether cease to manifest itself after a few days. I have proved the efficacy of this simple plan of treatment in so many cases of whooping-cough, that I have no hesitation in recommending it.

—The death of Professor Fehling, at Stuttgart, is announced, at the age of seventy-two. His name is familiar to us all, identified, as it is, with the reagent for testing the presence of sugar in the urine.

—Recent information from New York is that some philanthropist, name as yet not announced, has given to the medical department of the University of New York, one hundred thousand dollars for the building and maintenance of a laboratory, to be known as the "Loomis Laboratory," in honor, of course, of Prof. A. L. Loomis, of the University.

It is a good omen for our profession that benevolent millionaires are having their attention directed to the great opportunities for good that are open to them in the various medical educational institutions of the country. The recent grand benefaction of the Vanderbilt family to the College of Physicians and Surgeons, of New York, of one million dollars, is fresh in our memories. No more enduring monument could be left by any man than a medical college, well endowed with hospitals and clinics properly equipped.

—Mr. W. Adams contrasts the symptoms of rheumatic arthritis of the hip-joint and those of Charcot's disease thus:

Rheumatic Arthritis.	Charcot's Disease.
1. Changes chiefly hypertrophic.	1. Changes chiefly atrophic.
2. Commences in the soft tissue.	2. Commences in the bones.
3. Painful throughout its course.	3. Generally painless.
4. Pain confined to the joint.	4. Pains shoots through the limbs.
5. No febrile disturbance. No gastric or ocular symptoms.	5. All these are present.
6. Reflex symptoms present.	6. Reflex symptoms absent.
7. Limited mobility.	7. Flail-like mobility.
8. Progress slow and chronic.	8. Progress rapid and acute.
9. Patients often reach old age.	9. Patients seldom reach old age.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

Stated meeting held Saturday evening, May 22nd., 1885. The president, Dr. Gregory, in the chair.

Dr. Wesseler presented the notes of a case with specimen. Patient, aged 20, native of Belgium, entered hospital last December, having had malarial fever for a long time. Presented some symptoms pointing to a functional disturbance of the stomach, but none indicating anything more serious; had never vomited blood, nor did repeated examinations reveal any hardness or swelling in pyloric region of stomach; case was thought to be one of atonic dyspepsia. Patient died a few days ago, and the post mortem revealed an unlooked for state of affairs. On the inner surface of stomach, and along lesser curvature, were two large ulcers, and the pyloric orifice of the stomach was almost entirely closed, the opening into the duodenum being not more than a sixth of an inch in diameter. There was no deposit of neoplastic material about it, nor signs of inflammation, and to the touch from without would have revealed nothing of the state of affairs within. Specimen was then presented to members of society for examination.

Dr. Green thought this was an example of the propriety of making a laparotomy for diagnosis

Dr. Dean described the appearance of the specimen, and recalled a point he had brought before the society some time before, of epitheliomatous ulcers making their appearance near the junction of muco-cutaneous surfaces, or at the junction of two mucous surfaces differing in anatomical structure.

Dr. Wesseler did not think there was any chance for diagnosis even by laparotomy, without going farther and opening the stomach, for the condition about the pylorus was such that the contraction could not have been determined by the touch.

Dr. Hurt thought that as constriction arising from malignant disease of the pylorus called for exsection of a portion of stomach, why in this condition the same operation would not answer a good purpose. Spoke of a case he had been treating for some time, in which he had suspected cancer of pylorus, there being hardness with some swelling about pylorus, and much tenderness and vomiting; patient was however, under regimen and hyposulphite of sodium much improved, and hopes in time to be completely well.

Dr. Lutz spoke of the classification of pyloric stenoses according to their causes, of which there were three, viz., traumatism, cicatricial contraction from ulcers, and contraction after the deposit of neoplastic material. That in cases depending on traumatism, gastrotomy was resorted to, and bougie passed into stomach to diagnose the existence of the stricture. Said that in neoplasms of pylorus, a distinction should be made between those with adhesions to surrounding strictures, and those without; that in operations for gastrecotomy with adhesions, there was nearly always a fatal result. Spoke of the difficulty of making the diagnosis in cases of pyloric stricture and tumor, owing to the anatomical position of the pylorus; that if, with dyspeptic symptoms, there was evidence of dilatation of the stomach on percussion, and food taken was totally rejected after having been kept in the stomach for about twenty-four hours, that there was a strong probability of there being a stricture of the pyloric orifice. Thought in this case there was no call for laparotomy for diagnostic purposes, and that the abdomen should not be opened in any case unless there could be held out to the patient a very probable chance for improvement.

Dr. Dean reported two cases of wounds of abdominal cavity. One of a man who was cut with a pocket-knife above crest of ilium, making small wound; next morning showed symptoms of profound disturbance, and the wound was enlarged, and an examination made of contents of abdomen. No trouble was found with the intestines or omentum, although it was said that an artery had been tied in the latter structure before coming to hospital; quite a quantity of dark colored blood kept flowing from the depths of the wound, which ceased after the lapse of a short time, and wound was closed; owing to muscular contraction, the deeper parts of the lips of the wound could not be approximated. After operation, patient rested comfortably, and is, at present time, doing well.

Case II.—Boy was shot in abdomen by a rifle, placed twenty feet away, ball entering a short distance above and to the right of umbilicus. Ether was administered, and abdomen thoroughly explored, but no signs of the ball having entered cavity could be found. An incision two inches long was then made in median line, and still no injury of the peritoneum could be found; next day the symptoms were serious, vomiting, with fecal odor, etc. Soon after died. At post-mortem, the

track of the bullet was very difficult to find, but was at last discovered to lead through the anterior portion of the liver, just to the side of the gall-bladder, thence through the hepatic flexure of the colon, then through mesentery; and finally ending behind the prritoneum below kidney. There was no extravasation of fecal matter in the cavity in the least.

Dr. Gregory did not see how any other action could have been taken in the case presented by Dr. Wesseler; that, although the symptoms might have pointed to pyloric obstruction, still there could have been nothing positive enough to have justified the opening of the stomach.

Dr. Wesseler then mentioned a case in which all the symptoms pointed to severe organic lesion of the stomach, with every evidence of early death, but, iodoform and morphia being given, the patient rapidly improved, and is now in good health. Society then adjourned.

AMERICAN SURGICAL ASSOCIATION.

The seventh annual session of the American Surgical Association was held in the reading room of the Army Medical Museum, April 28, 29, 30 and May 1, 1886.

Dr. Roswell Park, of Buffalo, exhibited a

Tracheotomy Tube.

This was a bivalve instrument, the blades opening laterally and provided with an obturator permitting its ready introduction. The great advantage claimed for the instrument was the ease with which it could be cleansed.

The next paper was entitled,

Lipoma Testis, or a Large Accumulation of Fat in the Tunica Vaginalis.

BY ROSWELL PARK, M. D., OF BUFFALO.

Lipomata of the spermatic cord are rare enough to always attract attention, but lipomata of the testicle are of such exceeding rarity that, believing that I have had a case which deserves this designation, I desire to put it on record and make it the basis for a few comments.

J. K., aet. 40, was referred to me by Dr. Conrad Diehl, early in September, 1885. Patient had noticed an almost painless, slow but continuous enlargement of the right testicle for the past eighteen months. It was then about the size of a cocoanut, and caused inconvenience only by its weight and bulk.

On examination the scrotum was filled by a large mass which crowded the left testicle into a small space at its upper part. This tumor was solid yet soft, not tender except as the right testicle, which was in its upper part, was pressed upon. On handling it an ill-defined fluctuation was noticed. By exploratory puncture all suspicion of fluid was removed. Patient had every appearance of robust health, and the idea of malignaucy could not be entertained. Over the surface of the tumor the scrotal integument moved with perfect freedom. An exact diagnosis was not ventured, though there was strong suspicion that the mass was fatty; but radical operation was advised and consented to.

October 4th, patient went to the Buffalo General Hospital, where I operated, Dr. Diehl and the house staff present and assisting. By a free incision the tunica vaginalis was exposed; its appearance was not typical of anything save distention from within. A second free incision was made through this and a mass of densely packed fat was revealed. This was very slightly adherent to the interior of the tunic, and was turned out without difficulty after enlarging the incision. After completely shelling it out I found, on separating its lobular masses with the fingers, the right testicle not merely imbedded in its upper part, but incorporated with the fat by apparently intimate tissue connection. It was moreover supplied with blood, both from the testis and from the cord. The cord seemed to enter the tumor and then pass in its substance for about two inches before reaching the testicle. At a loss to account for so much fat, I carefully explored the external ring for evidence of past or present hernia, but could find none. The ring and canal were no larger than on the other and normal side.

Finding the fibrous trabeculæ and blood vessels radiating from the testicle out into the fatty mass being so numerous and distinct, I decided to remove the whole *en masse.* The balance of the operation then simply resolved itself into a castration which was made in the conventional way. Recovery followed without incident.

The entire mass after removal weighed just three pounds. On disection nothing further could be made out than I have already stated. I was unable to come to any positive conclusion as to the exact point of origin of the adipose mass. While the blood supply from the cord might indicate one origin, the equally evident blood vessels from the testicle pointed as strongly to another.

In fact I considered it impossible to say

from exactly what part of the spermatic tract this neoplasm originated, and while it would be of pathological interest to know, I hold it yet of small clinical importance in this case, and deem myself clinically correct in speaking of the case as lipoma testis, or if the term be preferred, lipoma intra tuntcam vaginalem.

Realizing the rarity of the lesion, I was lead to make a careful study of its literature, and, distrusting the resources of my own library, I enlisted the aid of Dr. S. S. Adams, of Washington, who devoted a fortnight to a search through the indices and files of the Surgeon General's Library. As the result of his labor he could find but three cases whose titles allied them to that which I have reported, but not one of these properly belongs here.

Curling says, "Collections of fat in the scrotum have been known from the time of Galen by the term *steatocele.* I suspect they all originate from the spermatic cord. In examining the testicles of a young man who died of pleurisy I found a quantity of fat along the cord and around the epididymis, and some also beneath the tunica vaginalis covering the posterior part of the testicle. When developed in considerable abundance this deposit sometimes forms a tumor in the groin or on the scrotum. A tumor of this kind has been taken for an omental hernia." Such tumors were known by Pelletan as *hernies graisseuses.*

An interesting case of large fatty tumor in the scrotum originating in the spermatic cord, was seen by several surgeons in 1844, much difficulty having been experienced in making out the nature of the swelling, and is briefly as follows:

Patient aet. 43, of spare habit, perceived an enlargement in left side of scrotum which was taken for a hernia; reduction was attempted by Lawrence and failed; it was then diagnosed as irreducible omental hernia. Brodie and Harding failed to make out its exact nature. Tumor continued to increase. After 14 months Curling found it to be the size of a large orange, soft and inelastic, connected above to the thickness of the spermatic cord. The testicle was distinct and situated below and to the inside. On rising in the morning it swelled and felt heavy and painful; before evacuation tense and painful, afterward resumed its former state. Curling thought it an adventitious growth in the scrotum. In 12 months it attained the size of a melon with the testicle in front. Brodie, Travers and Lawrence were unable to diagnosticate, but united in commending its removal. Lawrence, assisted by Travers, operated. It was impossible to save the testicle, so the whole mass was removed. Tumor, six by eight inches, partially lobulated, adipose tissue, originating high up in the spermatic cord. Recovery. Four years later Curling removed from the same patient a small lobulated fatty tumor, size of a chestnut, which had probably escaped removal at the previous operation, from the spermatic cord. Ten years after the first operation two other small fatty tumors were removed by Curling. These were situated a little lower.

I give this case here rather because it is instructive than because it belongs here, since it makes no pretense to being a case of lipoma testis. Since then Kimball, (of Lowell, [?] Bost. M. & S. Jour., exact reference unknown to me) and Jobert, (Gaz. Med. de Paris, 1850, p. 558) have reported authentic cases; in the latter the tumor was of a somewhat mixed variety. The obscurity of diagnosis is well shown in that Kimball believed his case to have something to do with an old hernia. Deguise also reports (Ann. de la Soc. de Chir. IX.,) a case where the tumor was as large as an adult head, had been growing a dozen years, and required an incision of 30 ctm. for its extraction.

Numerous authors state that lipoma of the cord may extend downward and spread over the testicle, and I am not blind to the fact that in my case the fatty growth may have begun in this way, yet when it came under observation there was nothing to indicate such an origin.

According to Follin and Duplay lipomata of the cord are usually stationary and of small size, but in certain cases acquire large dimensions. Developing upward toward the abdomen they may greatly obscure diagnosis. After they have attained great size they usually grow downward. Thus Wilms removed a lipoma of the cord of 20 lbs.; Gascoyen, one of 5¼; and Mr. Lane, one of 5½ lbs. In my case, however, the tunica vaginalis was so tensely distended with fat, and the cord above it was so natural in size and appearance that I cannot avoid the convictions I have expressed.

Moreover Delafield and Prudden state that "lipomata, either pure or in combination with myxoma and sarcoma, may arise from the connective tissue of the spermatic cord, or from the tunica albuginea." This statement, brief as it is, is the only one bearing on my subject that I have found in any of the pathological anatomies.

Dr. Park, also read a paper entitled

Nephrectomy on a Patient Twenty-three Months Old.

B. B., born October 4, 1883, appeared at

birth to be perfectly healthy. During the following winter the nurse noticed an enlargement in the right side of the abdomen, and the attention of the attending physician was called to it.

July 31, 1885, the attention of the writer was called to the child who appeared to be perfectly healthy. There was a history of steady enlargement of the growth. The bladder was examined with the sound, but no evidence of calculus found. The urine contained numerous crystals of triple phosphates, otherwise normal. Examination of abdomen revealed a firm resisting tumor, about the size and shape of the fetal head at term, occupying the right half of the abdominal cavity. A portion of the fluid was removed and examined with negative results. The diagnosis was fibro-cystic tumor of the right kidney, probably of congenital origin. Five weeks later the tumor was found to have increased decidedly in size,and operation was decided upon.

The operation was performed September 15, 1885. An incision was made in the right semi-lunaris. Slight adhesions were found. The peritoneum covering the growth was incised and the tumor shelled out without much difficulty. The pedicle was tied and dropped into the abdominal cavity. On the twelfth day the patient was removed to his home, and now, seven months after operation, is perfectly well. The tumor proved to be a fibro-cystic tumor of the right kidney, the cystic element predominating. Immediately after removal it weighed four pounds.

In searching the literature of this subject, the writer has been able to find but three cases in which the age of the patient approximated that of the one now reported. These cases were repectively, one, two, and one, four years, recovered; one, two and one-half years, died; and one at eleven months, death. The case reported,therefore, appears to be the youngest who has survived nephrectomy, he being twenty-three months old at the time of operation. The abdominal incision in this case was made not from choice but from necessity, the tumor being altogether too large for extraction through a small opening in the lumbar region.

DISCUSSION.

Dr. McLane Tiffany, Baltimore.—

Fibro-cyst of the kidney in the child is almost always congenital and is frequently accompanied by lack of developement in other parts of the body. It seems to me that in these cases the Malphigian capsules which form the cyst do not unite with the pelvis, and as a result such kidneys never secrete urine. Urea is, I believe, always found in the fluid from such a cyst.

Remarks were also made by Drs. Moore and Carmalt.

Dr. W. W. Keen, of Philadelphia, then read a paper on Stretching of the Facial Nerve.

He first related a recent case in which he had performed the operation and addéd a table of the twenty-one cases so far reported.

His own case was that of a woman sent to him by Dr. Sinkler, aged forty-eight years. She was admitted to the Woman's Hospital, April 1, 1886. She had had severe attacks of nervous trouble in early childhood and had twice been paralysed. Five years ago, coincident with menstrual disturbances, her right eyelids began to twitch, and in six months the whole face and the platysma were incessantly in spasm, which was increased by mental or muscular effort, such as eating, speaking or being spoken to; later this was accompanied with constant pain.

In June, 1884, the right infra-orbital had been resected with partial relief for only six weeks. Not long after the twitching extended to the right side and leg.

April 2, Dr. Keen cut down on the seventh nerve by an incision behind the right ear, displacing the parotid gland forwards and getting access to the nerve just after its exit from the stylo-mastoid foramen. Imbedded in connective tissue, it required considerable search and dissection to lay bare the nerve in this case. The exact point of its entrance into the parotid was quickly discovered by a very weak current of electricity, one electrode being placed on the cheek and the other consisting simply of the wire being touched at successive points from above downwards. The trunk was then laid bare and stretched, the force being estimated at four or five pounds, just short of lifting the entire head.

Total facial palsy followed, with relief not only from the spasms in the face and neck, but also of that in the side and leg. The wound healed in four days, when the sutures were removed, the highest temperature having been 100–4°. The operation was done twenty-five days ago, and so far there has been no return of the spasms, and the patient was delighted with the result, the palsy being a grateful relief from the spasm. Dr. G. B. Massey had examined the case electrically and found the reaction of degeneration. The later history of the case will be reported at a subsequent meeting.

Next a table of the other twenty cases so

far reported since Baum, in 1878, first stretched the facial nerve, was given with remarks upon the operation. The paralysis always disappears, no matter how severely the nerve has been stretched, and while the spasms often return, they are lessened in severity. In fourteen of the cases, the spasms recurred within a week in three cases. In five other, absolute relief extended over three weeks to five months, the improvement in four of them lasting much longer. In the remaining six cases the relief extended from four months to a year with improvement still existing in three of them. As a palliative operation, therefore, it would seem to be indicated; while of the five cases reported "cured," two had continued three months, three had remained well, for from two and a half to five years. Two of the twenty-one cases were too recently reported to give the final results.

The speaker preferred Baum's method of operating decidedly to Hueter's, in which the nerve is reached through the parotid gland. He bandages the lower jaw and gives fluid food for three or four days in order to keep the parts quiet while healing.

He called attention to two cases in which a palsy existing prior to the operation was benefited by the nerve stretching, both electrical and voluntary control being obtained to some extent, and he suggested that, in persistent facial palsy, stretching of the facial nerve be tried as a therapeutic operation.

The discussion of Dr. Keen's paper was postponed to the afternoon session.

ADJOURNED.

Afternoon Session.

The discussion of Dr. Keen's paper was taken up.

Dr. B. A. Watson.—The thorough character of the paper leaves little to be said. This is a comparatively recent operation, and one with which we are not as yet perfectly familiar. We know very little as to the changes to which the cure is to be attributed. That nerve stretching is advantageous in neuralgia and in certain cases of epilepsy and certain spasmodic convulsions has, I think, been demonstrated, whether the relief is due to the gross changes in the nerve, to molecular chanes or to both has not been thoroughly determined. In this particular case it would seem that elongation of the nerve possessed advantages over neurectomy. Neurotomy even in the successful cases gives but temporary relief. The relief in these cases has usually been of only a few days duration, or a few weeks, and at best only a few months. Neurectomy has given better results and although, as a rule, the results are only temporary the relief may continue for a number of years. In neurectomy the relief has appeared to have been directly proportional to the amount of nerve removed. A longer period of relief has been secured after elongation than after neurotomy. In the case reported the neuralgia appears to have been of central origin and it appears almost marvelous that the relief afforded should have been so great. I can only commend the paper and the operation and particularly the means employed for finding the nerve.

Dr. W. W. Keen.—Dr. Watson has referred to the question of the way in which nerve stretching produces its effects. I think that a large part of the effect is due to the gross mechanical disturbance of the nerve trunk, interfering with nerve conduction. A large element is, I think, the physiological rest which is secured to the muscle, which at the same time aids in breaking up the vicious habit. I presume that the nutrition of the nerve is also affected in this case. I think there was no direct influence upon the centre. The relief to the facial spasm, and to the beginning convulsive movements in the right side and leg, were as surprising to me as they were to Dr. Watson. Certain it is that for twenty-five days the patient has been entirely free from any inconvenience.

The discussion was also participated in by Dr. Prewitt and Dr. Roberts.

Subcutaneous Division of Urethral Stricture by Dr. C. H. Mastin, M. D., Mobile.

The history of the operation for external urethrotomy was first considered, and next were described the various methods which have been proposed for its performance. The objections to these were then gone into at length. The main objection to most of them is that they leave an open wound in the per neum to heal by granulation.

External urethrotomy is called for only under special circumstances. It has been laid down as a rule that where water can escape through a stricture the surgeon should always by patience be able to get an instrument through. The speaker thought that there were exceptions to this rule.

The indications which render the operation necessary are:

I. The impossibility of passing a sound into the bladder through the urethral canal, where a firm organic stricture blocks up the urethra and dilatation or internal urethrotomy are not available.

II. In cases where a tight stricture has ruptured and an abscess has formed. Under such circumstances it is necessary to open the abscess, and it may be well to carry the incision further and lay the stricture open.

III. Certain cases of old tight stricture complicated with urethral fistulæ through which the urine is passed in the act of urination. In almost all these cases, however, as soon as the lumen of the tube is restored, the fistulas heal. The writer prefers internal section in such cases.

IV. A most important indication may arise is rupture of the urethra by a blow, the effects of which are violent and severe.

V. Traumatic stricture, that is where the stricture is the result of direct injury to the urethra. In these cases ordinary dilatation is inefficient and internal urethrotomy is often of little or no benefit.

VI. A calculus impacted behind a stricture may be an indication for external section.

VII. When extravasation of urine has occurred from sudden rupture of the urethra and is followed in a short time by extensive sloughing of the penis, scrotum and groin.

VIII. The last indication is one in which Mr. Reginald Harrison recommends combined external and internal urethrotomy with the introduction of a large tube.

Having decided that external section is required, the question is which operation gives the best prospects of success and is mostly readily performed. The claims of the various operations proposed were then considered.

The author next described the operation which he had employed with entire satisfaction since 1868. The patient being properly prepared is put in the ordinary position for cystotomy. An anesthetic is administered. A tube, open at both ends, is then passed down to the stricture. This protects the walls of the urethra and puts on the stretch the face of the stricture. The tube is filled with small whalebone probes, and one after another is tried with the hope that one will enter the stricture. This being accomplished the tube and probes are removed. The probe engaged in the stricture is then pushed forward and an eyed sound carried down to the stricture. The incision one-half inch in length is then made in the anterior wall of the urethra on the groove of the sound. The sound is withdrawn a short distance and the whalebone bougie sought for as it passes through the stricture and drawn out of the original wound. Over the probe, a gorget is passed having its blade upwards. This is passed downwards cutting the stricture on its superior face. A catheter is then passed along the entire urethra into the bladder and the urine evacuated. The stricture is then examined to determine whether or not any points of narrowing still remain. If there are, they are divided.

If, in the first instance, it is found impossible to pass the whalebone bougie, a staff with a deep groove is passed to the stricture and a small opening made. A whalebone bougie is then passed through the stricture, and the operation is completed as in the previous case. After operation a full-sized ordinary soft catheter is introduced to the prostatic portion of the urethra, but not into the bladder. The patient is put to bed on the left side and directed to push the catheter into the bladder when the desire to urinate is felt and to withdraw it beyond the neck of the bladder, but not through the stricture, after the urine has been passed. This is used only for the first twenty-four or thirty-six hours to protect the wound from the contact of the urine. The speaker was opposed on general principles to allow a catheter to remain in the bladder. At the end of the time mentioned the catheter is dispensed with. Immediately after the stricture has been incised and the calibre of the urethra restored, the external wound is closed with three fine pins, passing sufficiently deep to grasp the walls of the urethra. These are removed in from four to six days. In the course of eight or ten days, the patient is able to return to his work. The maximum calibre of the urethra is restored by the use of graduated sounds.

The advantages of this operation are, the short time of confinement for the patient, the freedom from hemorrhage, the quick union by primary adhesion and the small amount of cicatricial tissue left.

Discussion.

Dr. N. P. Dandridge, of Cincinnati.—I have no experience with the operation described by the author of the paper, but with the majority of his conclusions, with reference to external urethrotomy, I agree with him. In regard, however, to cases of stricture with urethral fistula, I think that unless the stricture is recent, not indurated and particularly not multiple, in the majority of cases external urethrotomy should be the rule, not denying that in some cases internal urethrotomy may be a proper operation. I cannot help thinking that too much stress has been laid upon the danger of making the incision upon

the floor of the urethra. I think that in many cases there is an advantage in the incision in the floor of the urethra, for it often happens that there is found the thickest portion of the stricture. Another disadvantage is that the operation requires special instruments for its performance. Reference has been made to the rapid healing after this operation as an advantage. It is sometimes advantageous in those cases where some cystitis has developed to leave the opening patulous for a time.

Dr. David Prince, of Jacksonville, Ill.—It is with great diffidence that I rise to speak on this subject, on account of the small number of cases which I have treated. I have, however, seen enough cases to give me confidence in a particular method of treatment. About twelve years ago, I became aware of the power of the negative pole of a battery to resolve neoplasms. I have applied this principle with success to the treatment of stricture of the urethra. I pass a catheter connected with the negative pole of the battery down to the stricture and complete the circuit by placing a sponge electrode connected with the positive pole over the sacrum so that the distance between the two poles will be as short as possible. For this purpose I use a battery of one hundred le clanch cells. This treatment is frequently repeated and, in a number of cases, I have found the result entirely satisfactory.

Dr. Dunott.—My experience in dealing with so-called impermeable or impassable stricture has not been small. I have been able to deal with them, even when there was great induration, almost without exception by the ordinary internal urethrotomy operation. In fifty or sixty cases seen within the last twelve years, I have been compelled in but one or two instances to perform external section. I think that the main reason that external urethrotomy is so frequently necessary is absence of patience on the part of the surgeon. It seems to me almost without exception that where one drop of urine will pass through the urethra, a guide can be gotten in, provided the surgeon has the patience to wait for it.

Dr. J. Ewing Mears offered an amendment to the by-laws providing for the appointment of a committee of 5, of which the President shall be chairman, to have charge of the preparation of the scientific work of each session. Laid over until the next meeting.

The President announced the following committee on the proposition looking to the formation of a Congress of American Physicians and Surgeons: Drs. C. H. Mastin, Charles T. Parks. J. Ford Thompson, J. Ewing Mears and N. Senn.

The officers elected are as follows.

President, Hunter McGuire, M. D., Richmond, Virgina.

Vice-Presidents, T. F. Prewitt, M. D., St. Louis, and J. W. Gouley, M. D., New York.

Secretary, J. R. Weist, M. D., Richmond, Indiana.

Recorder, J. Ewing Mears, M. D., Philadelphia.

Treasurer, P. S. Conner, M. D., Cincinnati.

Council, Drs. Hunter McGuire, John S. Billings, L. McLane Tiffany, R. A. Kinloch and Moses Gunn.

Honorary members, Foreign, Sir William MacCormack; American, Prof. Henry J. Bigelow.

Active members elected, Drs. H. H. Mudd, St. Louis, and Joseph Ransohoff, Cincinnati.

Time and place of next meeting, the second Wednesday of May, 1887, at Washington.

Adjourned.

CORRESPONDENCE.

NEW YORK LETTER.

New York, May 27, 1886.

Editors Review: At the last meeting of the Pathological Society, Dr. Mendelson presented a specimen of retro-peritoneal sarcoma, removed from a German, male, æt. 58. One sister of the patient had died of cancer. The patient began, about two months before his death, to complain of anorexia, constipation and general malaise. Physical examination negative; urine had slight amount of albumen, and a few hyaline and waxy casts; diagnosed as Brights. Later the urine began to be at times bloody. A more careful examination revealed an ill-defined tense mass in region of kidneys. Blood clots of stringy shapes now passed from the bladder. Dr. Mendelson thought at first these were formed in the ureters, but later concluded that they were moulded by the urethra from a soft clot just at the neck of the bladder, under the muscular force of this last urine. Two weeks before death some spindle-shaped cells appeared in the urine; finally the urine was almost entirely suppressed.

At the autopsy a large tumor was found behind the peritoneum, running from the level of the pelvic brim upwards for about three inches, and extending laterally to the kidneys, which were

partially imbedded in the neoplastic material. Where the latter crossed the spine its thickness was four inches. There were metastatic deposits in the liver, but no enlargement of the mesenteric glands.

The kidneys presented dilated ureters containing blood, dilated pelves, cortex pale, and hemorrhagic softenings in the papillæ. A microscopical examination showed the new growth to be a sarcoma with spindle-shaped and round cells. It had invaded the adventitia and media, but not the intima of the abdominal aorta.

Dr. Prudden thought that the sarcomata formed a very interesting class of tumors, especially as we were somewhat in doubt as to their exact etiological type. He thought that some specimens presented such a peculiar cell arrangement, that it was difficult to say whether they were carcinoma or sarcoma.

Dr. Mary Putnam-Jacobi presented the heart and other organs from a child, æt. five, who had died from the results of severe hemorrhage from the nose. Patient was well up to two years ago. Then had measles, and one year later scarlatina. Lately has had several severe attacks of epistaxis. At time of examination pulse was 150, temp., 101° (rectal). The heart was dilated, and presented a loud systolic apex murmur. Endocarditis was excluded, in Dr. Jacobi's opinion, as there had been no rheumatic history, and no evidence of heart trouble from the exanthems. The epistaxis, also, was too severe to be merely a symptom of cardiac disease. She rather thought that the hemorrhages had so impoverished the blood that the cardiac murmur was a secondary anemic one. The epistaxis might be ascribed to the rapid development of malarial poison, but the death of the patient anticipated an examination of the blood.

On the autopsy there was found a dilated heart, with a streaked appearance of the endocardium. The heart muscle showed slight fatty degeneration. A similar change had occurred in the cells lining some of the kidney tubes. Other tubes were filled with granular detritus. The kidney and liver were infiltrated with red cells.

Dr. Mendelson asked if there was a congenital smallness of the large vessels.

Dr. Jacobi had not noticed any. She thought the case was probably one of acute pernicious anemia.

Dr. J. Lewis Smith presented a specimen removed from a child eight months old. It had had a slight hacking cough, a slight acceleration of pulse, no disturbance of breathing, but a temperature of 102.2°. The autopsy revealed a hyperplasia of the bronchial glands, with commencing caseous degeneration. He called the case one of bronchial phthisis.

The "Middleton Goldsmith" lectures of the society will be begun next year. By the terms of the bequest, the first lecture is to be on the subject of "Pathology of the Peripheral Neuroses." The lecturer has not yet been chosen.

Physical culture for women is now one of the topics receiving considerable attention among our upper social classes. The various "sets" in society have smiled upon the project, and consequently their success is assured. Apartments on Fifth Avenue have been secured, and the institution placed in charge of Dr. Mary T. Bissell, one of our well known and accomplished lady-physicians.

A training school for nurses has recently been established in connection with the Hospital of the New York Post-Graduate Medical School. The "Babies' Ward" of the latter institution has received over four thousand dollars during the past year. The results of its medical works have been extremely satisfactory.

The annual meeting of the Alumni Association of the College of Physicians and Surgeons was held on the evening of the 11th. Dr. Delafield was re-elected president. The treasurer's report showed a general fund of about fifty thousand dollars, one third of the sum having been received during the past year. The Alumni Association prize fund amounted to about six thousand dollars. The prize for this year was awarded to Dr. William G. Thompson, of the class of 1887, for an essay on the "Application of Instantaneous Photography to the Study of Physiology." Dr. Thompson also received the Joseph Mather Smith prize of the college for an essay on the "Chordæ Tendiniæ."

The Annual Commencement of the College occurred on the 13th. The graduating class numbered 97. The first in rank was Dr. Edward B. Craiger, of Connecticut, who goes on to the House Staff of Bellevue Hospital. The address to the graduates was delivered by Gen. Horace Porter, and was replete with common sense. Prof. Thos. M. Markoe tendered to the class a reception at his residence.

J. E. N.

REFLEX SPINAL IRRITATION FROM PHIMOSIS.

SMITHBORO, ILL., May, 1886.

Editors Review: I was called Saturday, April 24, to see Frankie P., aged 3 years. Found the child very feverish and irritable, the facial expression indicating considerable pain, which he referred to the lumbar region, and learned that he had been constantly crying with pain in his back

for several days. Upon inquiring into the history of the case his mother informed me that the child began to complain of these pains in Nov. '85, and that in a short time thereafter he began to walk with difficulty, and was soon unable to walk at all. The parents consulted two physicians, who, unhesitatingly, pronounced the case one of spinal disease, and said that the case would probably never recover. I stripped the child, gave him a thorough examination, and found a phinosis with pin-hole orifice and adherent prepuce. Being satisfied that here was the real seat of the mischief, I explained the nature of the trouble to the parents, and told them that an operation would perfectly relieve him and speedily restore him to health and the use of his limbs. Having gained their consent, I operated the next morning under chloroform, and removing the redundant prepuce, together with a roll of hardened smegma behind the corona, I dressed the penis and left. The next day the child arose from its bed and walked around the room; and now, ten days after the operation, it can get around equal to any child of its age.

Respectfully, W. C. DUNCAN.

PHILADELPHIA LETTER.

Editors Review: During the past week we have had two important meetings in this city. On Monday and Tuesday the American Climatological Society held their third annual meeting in the hall of the College of Physicians; Wednesday, Thursday and Friday were devoted to a Sanitary Convention under the auspices of the State Board of Health.

The Climatological Society was presided over by Prof. Wm. Pepper, who opened the meeting with an address, giving the results, so far as yet reached, in an investigation of the causes of consumption in Pennsylvania. The speaker was not prepared to advance any positive conclusion, but the observations seemed to show that phthisis was most prevalent in low lying districts where the rainfall was greatest.

Dr. A. L. Loomis followed with an interesting paper on the effects of High Altitude on Cardiac Disease.

In the same connection Dr. Frank Donaldson, Jr., of Baltimore, presented the results of a series of experiments with the pneumatic cabinet, performed upon rabbits. The experiments showed the same results as had been observed clinically by Dr. Loomis.

In the discussion which followed Dr. Pepper referred to the great distress which persons experienced in whom cardiac disease developed while they were living in high altitudes, this distress being entirely disproportionate to the amount of organic disease present. Dr. Hudson, of New York, thought that individuals living in elevated regions had remarkably strong hearts, and were exceptionally free from heart disease.

The evening session was entirely devoted to a consideration of the pneumatic cabinet, papers being read by Dr. H. F. Williams, of New York, Dr. V. Y. Bowditch, of Boston, and Dr, J. H. Platt, of Brooklyn. The latter gentlemen criticized two of the points claimed by the advocates of pneumatic differentiation. The claims referred to are, first, that under the use of the cabinet, the quantity of residual air is diminished, and, second, that by its use, sprays and vapors may be made to enter the lungs to a greater depth than under ordinary circumstances. These claims were combatted by Dr. Platt, who adduced evidence from simple principles in physics, showing that it was impossible for them to be true.

In the discussion which followed, the view seemed to be generally entertained that the principal sphere for the pneumatic cabinet was as a means of pulmonary gymnastics, it being claimed by some that equally good results had been obtained by the apparatus of Waldenburg, and similar instruments.

The cabinet was exhibited by Dr. Williams and Mr. Ketchum.

On Tuesday an interesting paper on so-called "Mountain Fever," was read by Dr. Roland G. Curtin, of Philadelphia. His investigations went to show that a number of febrile affections, more particularly typhoid fever, modified by the elevated altitude, were included under this name, and that mountain fever was not a specific affection.

The remainder of the morning session was devoted to the reading of several papers on climate. The following are the titles. The Climate of Mexico, by Dr. Didama; the Southern Adirondacks, by Dr. Edward T. Bruen; the Climate of El Paso, Texas, by Dr. E. W. Schauffler, Kansas City.

At the business meeting, the following officers were elected: President, Dr. Frank Donaldson, Sr., Baltimore; Vice-Presidents, Dr. V. Y. Bowditch, Boston, and Dr. Roland G. Curtin, Secretary and Treasurer, Dr. J. B. Walker, Philadelphia; additional member of council, F. C. Shattuck, Boston.

New members elected—Drs. Frank Donaldson, Jr., Baltimore; G. R. Butler, Brooklyn; U. Matthews, U. S. A.; J. H. Musser, Philadelphia,

A communication, similar to that presented at the last meeting of the American Surgical Association, was presented, and a committee of five, Dr. A. L. Loomis, New York, Dr. F. Donaldson,

Baltimore, Dr. F. C. Shattuck, Boston, Dr. E. T. Bruen, Philadelphia, and Dr. W. W. Johnson, Washington, were appointed to confer with committees from other associations.

Dr. Henry B. Baker, of Lansing, read a paper on the Causation of Pneumonia, in which he confirmed the general belief that low temperature was the cause of pneumonia, by numerous investigations made in his capacity as secretary of the State Board of Health of Michigan. This was followed by some suggestions regarding the prevention of phthisis in mill hands, by J. H. Musser, M. D., Philadelphia.

His object was to call attention to the importance of obviating states of ill-health and depression. He recommends that mill proprietors furnish their operatives with easily digestible food between the principal meals, and his plan has been carried out with financial success.

Dr. C. G. Dana gave the results of an inquiry into the relations of high altitudes to nervous diseases.

The last paper of the Session was on Mitral Stenosis, by Dr. G. R. Butler, New York.

A committee, with Dr. A. Rice, N. Y., chairman, was appointed to investigate the therapeutic value of mineral springs of the United States.

The society then adjourned.

In the evening the Philadelphia members entertained the visiting members at dinner.

BOOKS RECEIVED.

Haschisch. A novel, by Thorald King. Chicago, A. C. McClurg & Co., 1886. St. Louis: J. H. Chambers & Co.

Transactions of the Seventh Annual meeting of the American Laryngological Association, held in the city of Detroit, June 24, 25 and 26, 1885. New York, D. Appleton & Co., 1886. St. Louis, J. H, Chambers & Co. P.

Diseases of the Spinal Cord. By Byrom Bramwell, M. D., F, R. C. P. (Edin.), Lecturer on the Principles and Practice of Medicine, and on Medical Diagnosis in the Extra Academical School of Medicine, Edinburgh; Pathologist to the Edinburgh Royal Infirmary, etc., etc., etc. Illustrated by fifty-two full-page Lithographic Plates, in colors, and many fine Wood Engravings. Being Vol. I. of Wood's Library for 1886. New York, William Wood & Co., St. Louis, J. H. Chambers & Co. H.

Insanity and its Treatment. Lectures on the Treatment, Medical and Legal, of Insane Patients. By G. Fielding Blanford, M. D. (Oxon.), Fellow of the Royal College of Physicians in London; Late Lecturer on Psychological Medicine at the School of St. George's Hospital, London. Third edition. To which is added Types of Insanity. An Illustrated Guide in the Physical Diagnosis of Mental Disease. By Allen McLane Hamilton, M. D., one of the Consulting Physicians to the Insane Asylums of New York City, and the Hudson River State Hospital for the Insane. Illustrated by ten plates from photographs of cases selected as types with descriptive text Being Vol. II. of Wood's Library for 1886. New York, William Wood & Company; St. Louis, J. H. Chambers & Co. H.

Diseases of the Circulatory and Respiratory Apparatus. Illustrated by one hundred and three fine Wood Engravings. Being Vol. I. of the Handbook of Practical Medicine. By Dr. Hermann Eichhorst, Professor of Special Pathology and Therapeutics, and Director of the University Medical Clinic in Zurich. In four volumes, being Vol. III. of Wood's Library for 1886. New York, William Wood & Co.; St. Louis, J. H. Chambers & Co. P.

The Genuine Works of Hippocrates. Translated from the Greek, with a Preliminary Discourse and Annotations. By Francis Adams, LL. D., Surgeon. In two volumes. Volume I. Being Vol. IV. of Wood's Library for 1886. New York, William Wood & Co.: St. Louis, J. H. Chambers & Co. L.

A Compend of Pharmacy. By F. E. Stewart, M. D., Ph. G. Philadelphia, P. Blakiston, Son & Co., 1886. St. Louis, J. H. Chambers & Co. K.

THE SOUTHERN ILLINOIS MEDICAL ASSOCIATION

Will hold its Twelfth Annual Meeting at Murphysboro, Ill., Thursday, June 17th, 1886, continuing two days.

Able papers will probably be read by physicians from a distance who are not members of the Association, but have been invited to attend.

All physicians, whether members or not, who are interested in the advancement of the Medical Science, are cordially invited to be present.

PROGRAMME.

THURSDAY, JUNE 17, 1 P. M.

The President, A. B. Beattie, M. D., will call the Association to order.

1. Prayer by Rev. T. Earnhart.
2. Address of welcome by Hon. Geo. W. Smith.
3. Reply by the President.
4. Reading and correcting journal of last meeting.
5. Report of censors and election of new members.
6. Reading correspondence, notes from absentees, etc.
7. Report of Standing Committee.
1. Anatomy and Physiology—Drs. A. Wetmore, Jerome Thompson, W. C. Cochran, Jacob Kellar, W. J. Fearn.
2. Materia Medica and Therapeutics.—Drs. F. M. Agnew, Hugo Rothstein, J. T. Matthews, A. G. Orr, L. W. Gordon.
3. Theory and Practice—Drs. J. B. Rosson, A. K. Leiper, W. H. Perry, J. B. Ray, F. P. Gillis.
4. Surgery—Drs. D. S. Booth, C. W. Dunning, H. V. Ferrell, J. L. Perryman, J. T. Pollock.
5. Nervous and Mental Diseases—Drs. Horace Wardner, L. E. Stocking, H. C. Mitchell, Earl Green, A. J. McIntyre.

NIGHT SESSION.

1. Lecture by C. A. Mann, M. D.—Subject: "What the Medical Profession has Accomplished for Mankind."
. . Short addresses by volunteer members, interspersed with music by the Murphysboro Glee Club.

FRIDAY, JUNE 18, 8 A. M.

1. Obstetrics—Drs. O. B. Ormsby, W. A. Gordon, S. W. Marshall, W. C. Lence, L. W. Carlton.
2. Diseases of Women—Drs. J. I. Hale, C. A. Mann, J. H. Means, F. S. Dodds, J. Chewning.
3. Diseases of Children—Drs. John H. Norris, M. G. Nixon, J. M. Campbell, W. R. Mizell, G. S. Rainey.
4. Diseases of Old Age—Drs. L. Dyer, James Robarts, W. A. Looney, Aug. DeFoe, A. G. Williams.
5. Diseases of Eye and Ear—Drs. E. Mayer, J. H. Edwards, M. G. Parsons, J. R. Smith, A. P. Baker.
6. Hygiene and State Medicine—Drs. W. R. McKenzie, J. L. Hallam, H. R. Guthrie, W. H. Hester.
7. Climatology—Drs. George Bratton, J. K. Berkebile, B. F. Ross, A. L. Brands, Hugh L. Gault.
8. Chemistry and Toxicology—Drs. H. P. Huntsinger, y, J. M. Wilson, H. J. Peavler, C. G. Reagan.
9. Necrology—Dr. Lewis Dyer.

[This is one of the best Associations in the country. We know of no other having its number of members in which there has been more good work done, or better papers read. There should be a full attendance next month,]

NOTES AND ITEMS.

"A chiel's amang you takin' notes,
And, faith, he'll prent 'em."

—The eighth Annual Congress of the American Laryngological Association will be held in Philadelphia, May 27th, 28th and 29th. A good programe is announced.

—The editor of one of the "well known" medical journals in the East is reported to have said, that he had never been west of the Alleghanies. We fear his several periodicals may soon meander no further. If somebody will send him a pass we will furnish a nurse, and let him see what kind of a country he lives in.

—Dr. Robert Withers, of New Zealand, one of the collaborators of the REVIEW, arrived in St. Louis, Wednesday last. Dr. Withers received his degree in London some twelve years ago, and going to Laurence, in New Zealand, soon established himself in practice, and is, to-day, the leading physician and surgeon in that very enterprising place.

From him we learn that his country is fully abreast, in all modern art and science, with the older countries of Europe. They have medical societies, hospitals, more than thirty daily papers, cablegrams twice daily from London, etc.

Dr. Withers was for two years the class-mate in London of Dr. Wm. Porter, with whom he will remain for a week.

He will be a contributor to the REVIEW.

—The Medico-Chirurgical Society of St. Louis met in regular session Tuesday evening, May 18, 1886, Dr. H. N. Spencer in the chair, and Dr. Joseph Grindon acting as secretary.

There was not a very large attendance, the essayist of the evening being absent. Dr. Prewitt reported a rare case of dislocation of the elbow.

An informal discussion of the late meeting of the American Medical Association occurred, and members expressed regret that no action was taken, on the part of the Association, commemorative of the death of their late president and most ardent Eastern champion and defender.

Great satisfaction was expressed over the gen-

erally successful character of the meeting, and a resolution thanking all who in any way aided in its securement was adopted.

—The Nebraska State Medical Society will hold its 18th annual session at Lincoln, Neb., on June 1st, 2nd and 3rd.

—A banquet will be given Dr. E. H. Gregory at the Lindell Hotel, Wednesday, June 2, at 8 P. M., by his friends in honor of his election to the presidency of the American Medical Association.

—"The convention of the American Medical Association is composed in the main of beards. There is a wonderful display of flowing manes—wonderful in number, size and color. The medical leisure seems to have been given over to the cultivation of hair. There is something impressive in a bearded face; its weak lines are lost; and what is more telling in reply to frivolous argument than quiet stroking of the beard? There are not twenty smooth-faced men in the convention, and two-thirds of the delegates wear long beards. The wind blew through them gently this morning, and it was after 11 o'clock before the business of the morning was taken up inthe hall." —(Post-Dispatch Report of the Proceedings.)

[The reporter, no doubt, had just cast his eye over in the direction of Dudley Reynolds, of Louisville, and J.M. Toner, of Washington, when he penned the above. We would suggest to him these gentlemen stand almost alone in their heavy capillary growth.]

—A new journal comes to our table with the title "New York Medical Monthly," under the editorial supervision of Dr. Leonard Corning, and a long list of able colaborators. The first number contains short original articles from Drs. Fessenden N. Otis, George Henry Fox and C. R. Agnew. We bespeak for the "Medical Monthly" the success its merit deserves.

—All of the sickening details of the Maxwell murder are fresh in our minds, and the recent journalistic effort in this city to manufacture sympathy for the criminal is not the least sickening of the incidents connected with the case.

—The "Cincinnati Lancet and Clinic" has a four column editorial in a recent number against the "Rendering of Gratuitous Services to Ministers by Physicians."

The principal points are well taken. Ministers as a class are well paid, and if they are not, it is largely their own fault. Like men in other callings they are likely to be paid well if they work hard and give good service. They should educate their parishioners up to the text, "a laborer is worthy of his hire." The cause for which they strive is an earnest reality, and it requires earnest, energetic, honest, independent workmen. Let ministers of the gospel be well paid for the good and noble work they do, and then let them pay as they go, accepting no gratuities at the hands of the brethren, and more particularly none at the hands of the sisters.

—The "Eastern Medical Journal" has become a monthly, and adopts regular medicine, abandoning its previous somewhat indefinite "eclecticism". It is now under the editorial charge of Dr. C. E. Nelson, of this city. ("The Medical Record.")

By the way, what does this being an eclectic physician mean. The derivation of the word of course shows that he who puts "eclectic" upon his banner "selects the best" remedies within his reach to cure his patient. But what blundering blustering idiot does not do this, does not select the best. There is no law in the regular profession which in any way hampers its members in the application of remedies. A regular physician may use any remedy he may desire to use, whether it be recommended by the homeopath, the eclectic, the Thompsonian or the traditional old woman, and he may believe it acts according to the law of tweedle dum or tweedle dee, as the case may be; the moment, however, that he announces to the public that he does his work in any peculiar or dogmatic way, he becomes an irregular. The public have very crude notions upon this subject. There can be no doubt that the proper treatment of all the irregular offshoots of the mother profession is the dignified ignoring of them.

—Dr. Curran, in the "Southern Practitioner" for May, in a few notes indicative of their mode of practice in the "Cow Counties," and "in the hope of helping some other member of the awkward squad," relates how he removed a splinter of steel from a cornea after bathing in solution of cocaine applied with dropping tube, suddenly he thought of suction, and covered the wound with mouth of dropping tube; and with gentle reverse motion of the bulb he was successful in the first effort.

He states also that some of his townsmen go to the city of Los Angeles for treatment, and "return home with yards of tape-worm in bottles, very handsome, and, doubtless, worth all they cost," and warranted to last in any climate, as they are—CELLULOID.

The glorious climate of California, with its celluloid tape-worms, gets away with Connecticut and her wooden nutmegs.

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THE WEEKLY MEDICAL REVIEW.

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REPORTS ON PROGRESS.

REPORT ON DISEASES OF THE THROAT AND CHEST.

BY WM. PORTER, M. D.

I. CHROMIC ACID IN NASAL OBSTRUCTION. M. Bresgen.—*Rev. Mensuelle.*

II. THE USE OF COCAINE IN THE NASAL CAVITY. Bosworth.—*N. Y. Med. Jour.*

III. ARTIFICIAL "ROSE COLD." I. N. Mackenzie.—*American Journal Medical Sciences.*

IV. THE NATURE AND TREATMENT OF PNEUMONIA. Stewart Lockie.—*Edin. Med. Jour.*

V. INTUBATION IN DIPHTHERIA. Dillon Brown.—*N. Y. Med. Record.*

VI. THE CRAMMING METHOD IN PHTHISIS. Editorial *N. Y. Med. Record.*

VII. THE PNEUMATIC CABINET.

CHROMIC ACID IN NASAL OBSTRUCTION.

Dr. Bresgen, of Frankfort, in a recent number of the *Rev. Mensuelle,* gives the result of his use of chromic acid in reducing hypertrophied tissue in the nasal fossæ. He places a few crystals on a cotton covered probe and presses them against the tissue to be destroyed. The mucus dissolves the acid and the agent becomes active. He believes the wound from the galvano-cautery is longer in cicatrizing than that from the application of the acid. Cohen, in commenting upon this (*Am. Jour. Med. Sciences,* April, 1886), says that he has known a perforation of the nasal septum to occur by the careless use of chromic acid, which danger should be borne in mind by all who use this useful agent.

[For some time I have used chromic acid more than any other agent for the reduction of nasal occlusion or obstruction from hypertrophy. There are few cases where it should not be preferred to the galvano-cautery. An ounce of chromic acid on a physicians table will, if rightly used, greatly prolong the period of existence of the cautery battery, and, it may be added, should be used as carefully as the cautery. When the hypertrophies are large and greatly indurated, the cautery loop or the wire écraseur will be demanded, but these cases are in the minority].

COCAINE IN THE NASAL CAVITIES.

Dr. Bosworth (*New York Medical Journal* March, 1886) says:

"When the solution is applied to the mucous membrane it is followed in about twenty or thirty seconds by a very notable contraction in the venous sinuses underlying the part which it reaches, and, as the application is continued over the whole membrane covering the lower and middle turbinated bones, these sinuses become so rigidly contracted that all the blood which they may have contained is absolutely expelled, and the membrane clings closely to the bony structures beneath, which then became visible in absolute outline. This action of the cocaine was so entirely unexpected to me in the first case in which I observed it, that I continued my observations in a number of cases, and in no single case, out of over forty observed carefully, has it failed to produce the same result. Every drop of blood was expelled from the erectile tissue in each case. The strength used was a 2-per-cent solution, and it was applied by means of a pledget of cotton wrapped on a small probe. The effect was usually observed

in a few seconds, and the entire depletion of the sinuses of the whole cavity accomplished in about three minutes, the production of anesthesia, as a rule, requiring a longer time.

The explanation is that a solution of cocaine produces a rigid contraction of unstriped muscular fibres wherever it comes in contact with them.

We thus have in cocaine a remedy upon which we may rely, with absolute certainty of its action, that, when applied in solution to the surface of a mucous membrane, it penetrates its epithelial coat, and, reaching the coats of the blood-vessels, produces rigid contraction of their muscular fibres, and thereby marked diminution in the calibre of the blood-vessels.

In those cases of hay fever which are accompanied by asthma, the asthma in every case has completely disappeared with the relief of the nasal turgescence.

Dr. Bosworth adds that last autumn he saw a very large number of cases of hay fever, and records no single instance of failure when properly tried.

[This is good authority, and, while perfectly willing to say that cocaine is, by far, the best remedy in acute inflammation of the nasal cavities, yet I have not had unvarying success with it in the treatment of hay fever. It always gives relief, and is nearly always to be preferred in such cases to the use of caustics, cauteries and operative procedures.]

Production of "Rose Cold" by Means of an Artificial Rose.

Dr. I. N. Mackenzie in the *American Journal of Medical Sciences* for January, reports a case where he produced in a patient subject to "rose cold," severe coryza by showing her a well made *artificial* rose. When she was made aware of the deception, she was able to bear the close proximity of natural roses without unpleasant results.

[This is interesting and may be claimed as an evidence of *similia*, etc.]

The Nature and Treatment of Pneumonia.

Dr. Stewart Lockie (*Edin. Med. Jour.*,) thinks that the ordinary form of pneumonia is of infective nature, but he does not deny that there may be other forms, as, for instance, gouty pneumonia. Of the infective diseases, erysipelas is the one to which pneumonia has the closest alliance. Both usually occur sporadically, but occasionally in an epidemic form; both have a somewhat similar, more or less definite, duration; both are apt to attack the same individual repeatedly, occasionally many times in succession; both are occasionally complicated with meningitis. Leyden and Koch assert that the micro-organism of pneumonia closely resembles that of erysipelas.

In the treatment of the disease, the writer is opposed to all lowering measures. It may be that cases occur in which excessive dyspnea and engorgement of the right heart call for moderate blood-letting, but he has never seen a case where he has been tempted to resort to it. The patient should be placed in a pure atmosphere with an equable temperature and supplied with moderate nourishment, not too much, lest we over-tax the kidneys, which are probably the main agents in eliminating the poison. For the relief of pain, opium in the form of Dover's powder or by hypodermic injections of morphine, unless there is organic disease of the kidneys, when opiates had better be avoided. The writer advocates the use of hot poultices, and his habit is to give carbonate of ammonia from the start, although he admits that in the early part of the disease its use is empirical, later it is useful in supporting a failing heart. Where the temperature exceeds 103°, he gives quinine, in commencing doses of ten grains at night and five in the morning, increasing the doses if these do not control the temperature. If the stomach rebels, give it hypodermically or per rectum. The writer has seen such good results from quinine that he is inclined to agree with Dr. Burney Yeo in thinking that it is not given often enough, and is inclined in future cases to use it systematically from the first. Failing circulation calls for alcohol and digitalis.

[It has been held by some physicians for a long time that pneumonia is infectious, and its

resemblance to erysipelas has long been a subject of discussion. Especially has this been the case in some of the outbreaks of pneumonia in European prisons. The treatment advocated by Dr. Lockie is now generally endorsed, mainly large doses of quinine at the beginning of an attack, with hot poultices and ammonia, and, if necessary, alcohol further on.]

Intubation in Diphtheria.

In a recent number of the *New York Medical Record*, Dr. Dillon Brown reports fifteen cases of intubation as recommended by Dr. O'Dwyer. He makes the following statements:

1. All the cases were among the class of children called foundlings.

2. The tube was inserted in *every* case of severe laryngeal obstruction that occurred in the asylum without regard to its hopeless character.

3. One-third of the cases were babies aged sixteen, twenty-three, eleven, twelve and five months respectively, an age at which recovery after tracheotomy is extremely rare.

4. Two (Cases V. and VII.) had tuberculosis, a disease which is in itself absolutely fatal.

5. One (Case III.) a rickety child, died of uremic convulsions three days after the disappearance of all laryngeal obstruction.

6. The tube requires no attention after its insertion to keep it clean, and if a piece of pseudomembrane should close it (which is not likely to happen), the tube is held in place so loosely that it would be immediately expelled.

7. The inspired air is warm and moist. This prevents drying of the secretion in the tube.

8. The head or shoulder of the tube does not rest upon the vocal cords, but just above them on the ventricular bands. There is never any ulceration of the cords, but slight ulcerations may be produced by the head and the lower end of the tube, when retained for a long time. This can do no harm.

9. There is not the slightest danger of the tube slipping through into the trachea.

10. In most cases semisolid food is taken well from the beginning; but it usually takes twenty-four hours for the child to learn to swallow liquids. Occasionally, in very young children it is necessary to feed them through a tube.

11. The mouth-gag is intended only for children who have back teeth. In babies there is no difficulty in keeping the mouth open with the finger.

[There are not sufficient data to form very definite conclusions as to the relative value of intubation to tracheotomy. and though some writers have reported marvellous results from the new method, others have not been so successful. It certainly is not the procedure where the diphtheritic membrane extends well down the trachea.]

The "Cramming Method" in Phthisis.

An editorial in an April number of the New York *Medical Record* upon this subject says: Many observers, in this country and elsewhere, have attested to the therapeutic value of the method of "cramming" in phthisis. It has not been found necessary in all cases to use the siphon-tube, although that is usually a most effective help.

Quite recently some interesting observations upon this subject have been made by M. G. Kurloff, of St. Petersburg. He made six experiments upon five phthisical patients, who had been rapidly emaciating. These patients were given a mixture of milk and meat-powder, nearly a pound of the latter being given at a time. The average amount of nitrogenous food daily was equivalent to $3\frac{1}{3}$ pounds of fresh meat, while the maximum was equal to $5\frac{1}{3}$ pounds of fresh meat. The average amount of nitrogen ingested daily in this mass of food was from 50 to 80 grammes, against the average, in a ordinary diet, of 18 gammes.

The effect of this cramming was to increase greatly the excretion of nitrogen (not necessarily the tissue-waste, as Kurloff states). Thus the nitrogen excreted by the urine rose

from a mean of twelve grammes daily to thirty-four and fifty-six grammes.

Of more importance was the fact that the nitrogen assimilated was increased, or, in other words, tissue was built up at a rapid rate. Thus the mean assimilation, expressed in grammes, per kilogramme of body-weight before, during, and after the cramming process, was respectively 0.24, 0.89, and 0.29. The patients' appetites improved, and the body-weight increased at the rate of nearly one pound per day. The treatmeut was, however, kept up for too short a time to obtain anything but experimental results.

These confirm previous experience as to the value of the cramming process, and point especially to the need of genuine cramming, i. e., of giving food in very large excess.

The Pneumatic Cabinet.

Many inquiries have been received during the past few months regarding the pneumatic cabinet and its practical value and application. The writer canot endorse all that has been said in its favor, although some good has probably been accomplished already. So far it seems to have been little more than aid to deep breathing, which could be done without it. In the hands of a careless or unskilful practitioner it would possibly be a dangerous agent, at least in cases where there was a tendency to hemorrhage.

Our readers will remember the great results thought to have been obtained a few years ago by the use of Waldenburg's apparatus for condensed and rarified air. If there is one now used in St. Louis the writer does not know of it. His has been idle for several years. We will be very patient with the cabinet till we know more of its actual value in inducing permanent improvement.

—The St. Louis Protestant Hospital is well established, and the members of the staff have their hands full. This institution has gained the favorable opinion and attention of the best class of citizens in St. Louis. The attending staff is large and well organized.

ORIGINAL ARTICLES.

A CASE OF EXTRA-UTERINE PREGNANCY WITH RUPTURE OF THE FALLOPIAN TUBE. LAPAROTOMY ON THE THIRTY-THIRD DAY. RECOVERY.

BY DRS. MICHAEL O'HARA AND WM. H. PARISH.

Read before the Obstetrical Society of Philadelphia, May 6 1886.

[CONCLUDED.]

October 28, 1885; 5 P. M., after operation. Patient inclined to sleep, and rather quiet. There is some vomiting. There has been serosanguinolent discharge from iliac wound, about two ounces; drew off half an ounce by syringe of fluid, sanguinolent, inodorous, containing small black clots. Patient has no indications of shock, and does not complain of pain. Takes lime water and milk every half hour; morphia hypodermics used freely. 10 P. M., there is abdominal tenseness and retching, which causes acute pain in the belly. Temperature 100°, Pulse 100; catheter used.

29th. Fair sleep; 6 A. M., temperature 100$\frac{2}{5}$°, pulse 100; there is nausea, tendency to vomit, refuses milk, accepts brandy and hot water. Temperature at 9 A. M., 102$\frac{3}{5}$°, respiration 34; takes nourishment fairly; urine free; starting and shooting pains in abdomen.

30th. Temperature 101$\frac{2}{5}$°, pulse 80; sleeps well; no vomiting; two ounces issue from tube in twenty-four hours; central wound looks well; removed three stitches; dressed with sublimate cotton. Quinine and morphia given; no albumen in urine. The fluid from the tube smells, and the cavity was disinfected. The cavity appears to hold only one ounce as against ℥xxxij previously.

31st Thick, heavy urine, loaded with urates no sweats, no chills. Took out two middle central stitches; parts look well; temperature 99$\frac{2}{5}$°, pulse 84. There is a bloody discharge from uterus since the operation, not bad smelling, but much diminished; the lateral wound looks well, a purulent discharge issuing from it.

November 1, 1885. Doing well; removed the sutures, leaving four. Temperature 99°, pulse 88; has some starting pains; discharge from tube foul and purulent. 6 P. M. temperature 100°, pulse 98.

3d. Doing well; removed all sutures; the

central wound united. Temperature 99,° pulse 82.

5th. Tube removed and tent introduced. The discharge is small and more purulent. 9 A. M. temperature 99°, pulse 82. 6 P. M. temperature 100°, pulse 82. There is urinary and rectal tenesmus; urethra inflamed from the use of catheter.

7th. Bowels moved; temperature 100,° pulse, 84. Koumiss. Evening temperature, $102\frac{3}{5}$°.

9th. Temperature, $99\frac{3}{5}$ Pulse, 84. Os less patulous; cervix not so soft and smaller; the vaginal edema disappeared; but little resistance to the left of the uterus to the examining finger; no uterine discharge.

12th. Free bleeding and some clots from wound; lies on her left side for ease; there was no exertion, coughing or sneezing to cause the hemorrhage. Pulse, 75; no fever. It is about eight weeks since last menstruation. Evening temperature, 101.°

19th. Bloody uterine discharge; (uterine.) 3 P. M., bleeding from wound; complains of headache. Last night's temperature, 100°; this nights 102°

20th. Temperature, $102\frac{1}{5}$° (A. M.), $103\frac{1}{2}$° (P. M.); free sanguino-purulent discharge from wound; discharge from uterus less, contains black clots, no odor; urinating every half hour last night. On digital examination, the body of the uterus is found enlarged, os only moderately open, no vaginal bulging, bladder not tender; no tender or indurated region; uterus seems fixed; poultices over abdomen; diet restricted; there is free discharge from wound, of thick and bloody fluid.

22d. Normal temperature; slight offensive discharge from uterus.

26th. Return of fever, $101\frac{1}{2}$° these two evenings; sudden and free return of inodorous, bloody uterine discharge. 10 P. M., no chills or sweats, but constant fever (103°); there is no pain on pressure; there is a suspicious hard spot in left iliac region; constipated, ordered enemata.

29th. Normal pulse and temperature; doubtful indurated spot to right of the lower end of median scar. Introduced drainage tube. Injected pus cavity and vagina with bichloride, 1 to 3000.

30th. Chills yesterday,one of fifteen minutes, violent, with temperature 103°; has tenesmus and strangury; there is uterine bleeding and clots. 9 A. M., temperature, $99\frac{1}{2}$°, pulse, 88; vomits much; morphia, quinine, koumiss, peptonized milk, quinine and whiskey

December 1st. Temperature $99\frac{1}{2}$°. Suspend morphia; give ergotine and quinine. The drainage tube escaped with bleeding.

2d. Pulse, 82. Uterine discharge with shreds and clots. For bleeding of wound, hamamelis. Temperature, 100°. (P. M.)

3d. Wound discharges bloody pus; large clots came away from uterus, since which temperature is normal.

From 9th to 13th, morning temperature and pulse normal; evening, 100° to $101\frac{1}{2}$°; evening pulse, 100.

13th. Gush of bloody matter from the wound; slight uterine discharge.

14th. Temperature, $101\frac{1}{2}$°. Wound depth, 3 inches; (originally 5 inches); has colicky pains and vomiting; no chills or sweats but recurrence of uterine hemorrhage.

15th. Offensive uterine discharge; granulations of wound look badly. A. M. temperature, 100°, P. M. 102°.

20th. Temperatures have been normal. Three ounces dark blood from wound, also bloody uterine discharge.

22d. Patient has been doing so well, was permitted to sit up, and while cheerfully singing, felt blood streaming down her legs from the wound; then desired the bed-pan, and passed clots from uterus and bowels. She felt the rectal tenesmus and pains of right lower extremity similar to what she felt the night of her first seizure. She lost much blood. Opium,stimulants and compression.

25th. Bleeding which ceased on 22nd, recurred violently today; (present, Drs. O'Hara, Parish and Keating). As hemorrhage was dangerous to life, it was deemed necessary to give ether and explore the cavity. The finger was forced in, and outlet of the wound enlarged with scalpel. It was found that the tissues had been dissected up by accumulated blood and pus until the cavity extended down the side and front of the uterus and communicated with the rectum at the upper end. The patient was almost moribund. The cavity was thoroughly scraped with an extemporized curette, a spoon handle. It was then, after disinfecting with Platt's chlorides, packed with alum sponges.

26th. Patient resting well. In injecting the wound nothing comes from the rectum, but on injecting into the rectum, fluid comes out of the wound. There is decided fecal odor from the wound which sickens the patient.

The cavity walls can be felt as an indurated mass, both from vagina and rectum. The wound was emptied of the sponges, disinfected and packed with cotton cloth tampons with phenol sodique. Takes food and stimulants freely. Temperature, $101\frac{1}{2}$°, pulse, 120 and weak.

27th. Temperature, $100\frac{1}{2}$°; pulse,130, quite

low; vomiting constantly. Contents of cavity quite fecal in odor; packed twice daily after disinfection.

28th. Temperature, 100°, pulse, 125. Some fecal matter escaped from wound; passes wind freely. Slight bloody uterine discharge; good appetite.

29th. Temperature, $99\frac{2}{5}$°, pulse, 100. Discharge of offensive fecal matter through wound; also a small gall stone.

30th. Temperature, $99\frac{3}{4}$°, pulse, 100. (A. M.) Temperature, $99\frac{3}{5}$°, pulse, 110. (P. M.); no odor from wound.

31st. Fecal matter in the cavity.

January 1st, 1886. Gas gurgles from cavity; disinfected with Platt's chlorides and phenol sodique.

2d. (A. M.) Temperature, 101°, pulse 104. Temperature, $99\frac{3}{5}$°, pulse, 100. (P. M.); cavity contracting; no fecal matter; no gas today.

5th. Bowels moved naturally.

8th. A. M. temperature, $98^{6}/_{10}$°, pulse, 90; P. M. temperature, $99^{3}/_{8}$°. pulse 90. No undue tenderness along the track; a healthy pus cavity becoming smaller. The track extends across the median line over the top of the bladder. It is now impossible to reach the bottom with the finger. Takes solid food and Basham's mixture.

10th. Normal temperature. Have to force the outer opening twice daily with finger until it heals from bottom. There is fecal odor today, and some flute-like murmur at the wound.

From this time patient went on daily, dilating the outer orifice with finger, first packing, then using a glass tube of different lengths. On the 20, 21 and 22 there was fecal odor to the discharge and gas given forth.

27th. There was uterine discharge supposed to be menstrual.

30th. There was a slight fecal odor from the wound; a glass tube, two inches long was used.

February 6th. A tube one and one half inch glass was used.

February 15th. Doing uniformly well; orifice is closing; exudation about uterus and vagina is disappearing; odor and the elimination of gas while dressing, has disappeared.

May 1st. Patient has gained greatly in flesh, and presents the appearance of perfect health. The wound has closed to such an extent, that a very small, short sinus, about one inch in depth, remains. This will close by stimulant application. The communication with the bowel has closed entirely. Menstruation occurs normally and there is no bleeding at any time from the wound.

ADDRESS ON STATE MEDICINE.

BY JOHN H. RAUCH, M. D., OF ILLINOIS.

Chairman of the Section. Thirty-seventh Annual Session American Medical Association, St. Louis, Mo., May, 4–7, 1885.

[CONCLUDED.]

ADVANCE AND DISCOVERIES IN PREVENTIVE MEDICINE.

While there has been this marked and gratifying improvement in the branches thus far considered—and now for the first time clearly recognized as belonging to the domain of state medicine, the past year has witnessed equally satisfactory practical advances in the more familiar province of preventive medicine. The number of sanitary organizations, both legal and voluntary, has increased; the contributions to sanitary literature have been numerous and valuable; and professional and public interest and efforts have been enlisted as never before in attempts to remove or abate the preventable causes of disease and to discover and perfect safeguards against the great pestilences. To a great extent this has been stimulated by the prevalence of Asiatic cholera in some parts of Southern and Western Europe, and the consequent dread of its extension to our shores. Fortunately, the apprehensions entertained at the date of the last meeting of the Association, have not been realized, and the country has been practically free from any general or noteworthy epidemic, notwithstanding the prevalence of small-pox in some parts of Canada.

State and municipal boards of health have generally done effective work in their respective spheres. In some states a general sanitary survey has been undertaken, and in many cities, towns and villages, house-to house inspections have been pushed and the nuisances and defects thence disclosed—both of a public and private nature—have been largely remedied. As was frequently remarked during the past summer and fall, an amount of general and local "cleaning up"—which is the essence of sanitation—was accomplished which could not fail to have an appreciable effect upon the public health. Unfortunately, the subject of the registration of Vital Statistics is in such an imperfect and unsatisfactory condition in this country, that it is not possible to give any comparative figures by which to measure this gain for the whole country; but the mortality returns of

the large cities generally show a reduction in the death-rate of 1885 as compared with the average death-rate for several years previous.

Four more State Boards of Health were established in 1885–86, the list now comprising the following thirty organizations—the dates of the establishment of each of which are prefixed.

In 1869, Massachusetts[1]; in 1870, California; in 1872, Michigan, Minnosota; in 1873, Alabama, Wisconsin; in 1874, Maryland; in 1876, Colorado, Louisiana, New Jersey; in 1877, Illinois, Rhode Island, Tennessee; in 1878, Connecticut, Kentucky, North Carolina; in 1879, Delaware, Iowa, South Carolina; in 1880, New York, West Virginia; in 1881, Arkansas, Indiana, New Hampshire; in 1883, Missouri; in 1885, Dakota, Kansas, Maine, Pennsylvania; and in 1886, Ohio.

These Boards, it is proper to remark, owe their existence largely to the influence of the American Medical Association, which has for years, actively promoted their organization.

While states and municipalities are thus generally exerting themselves for an efficient protection of the public health, our national health service remains in a very unsatisfactory condition.

Notwithstanding the efforts of the profession generally, and of many health organizations to secure action by Congress for the remedy of this condition of affairs, nothing definite has yet been done. Three different bills have been introduced during the present session, but there is little hope of either of them receiving favorable consideration.

One thing remains clear. Whether by the rehabilitation of the National Board or by the creation of a new organization, it is the imperative duty of Congress to complete the health defenses of the country. Municipalities have their legitimate sphere within which they alone can act and are responsible, and next beyond which the authority and resources of the State are demanded. But neither municipalities nor states can protect themselves against foreign pestilences without the assistance of the national authority, nor can they properly guard themselves against interstate infection or contagion without the co-operation of the same authority.

I have already dealt with this subject fully in an address before the National Conference of State Boards of Health, in 1884, on the Prevention of the Introduction of Asiatic Cholera, in a report made in the early part of the present year, on our Coast Defences against Asiatic Cholera, and elsewhere.

Among the voluntary organizations, the work of the American Public Health Association during the year has been of more than usual practical value. The Lomb Prize Essays and especially the report on Disinfectants and Disinfection are substantial additions to sanitary knowledge. The Sanitary Council of the Mississippi Valley has not been called upon for action, but its organization is preserved ready for an emergency. Nothing definite was accomplished at the last National Conference of State Boards of Health, which was held during the Washington meeting of the Association.

Abroad, a second series of sessions of the German Cholera Conference was held in Berlin, May 5–7, 1885, at which the subjects of etiology and prevention of cholera were discussed by Koch, Pettenkofer, Virchow, Hirsch, and others, but without eliciting much which was new, or settling any of the mooted questions. Prof. Koch summarized the chief measures to be taken against the disease, and which, so far as they go, do not differ from those adopted by good sanitary authority in this country. They dealt, however, exclusively with the local safe-guards of sanitation, disinfection, isolation, supervision, etc., and ignored measures of exclusion of the disease by notification, maratime sanitation, supervision of ports of embarkation, and quarantines of inspection, observation and sanitary work at ports of arrival.

Following the adjournment of the Berlin Conference, an International Sanitary Conference was held at Rome under the auspices of the Italian Government. Although its paramount object was the discussion of questions relating to the prevention of cholera, the subject of yellow fever was also considered in the same relation through the efforts of the American delegate, Dr. George M. Sternberg. The delegates were of two classes, diplomatic and technical or professional, and at an early stage a Technical Commission was formed, which finally agreed upon substantially the same measures that advanced sanitarians in this country consider necessary for the limitation and suppression of cholera, yellow fever, and other communicable diseases which, under bad sanitary conditions of vessels and places, may become epidemic. The exceptions to such agreement were the English delegates, composed of gentlemen whose experience with cholera had been mainly limited to India, and who, in consequence, deny the communicability of the disease through

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1 This Board is now separated from the Board of Lunacy and Charity with which it had been associated since 1878.

human intercourse, deny the infectiousness of cholera dejecta, and pronounce disinfection a farce and unscientific.

The Conference adjourned to meet again in the fall, but this intention was not carried out. As I have heretofore observed, the practical benefit to be derived from these conferences—in the absence of authority to make an international sanitary convention, binding upon all interested—is the interchange of views, the dissemination of knowledge, and the formulation of such views and knowledge. So far as this country is concerned, they have not changed the status in any respect. We must continue to rely, for the exclusion of cholera and other Old World pestilences, upon such precautionary measures as can be secured at ports of arrival.

The International Congress of Hygiene, which has been held successively at Brussels, Paris, Turin, Geneva, and the Hague every alternate year for the past ten years, and which should have been held this year at Vienna, has been postponed until 1887, for some reason not yet announced.

With the object of determining to what extent such precautionary measures may be secured,especially against Asiatic cholera, I have recently made an inspection of the quarantines maintained upon the Atlantic and Gulf Coasts from the St. Lawrence to the Rio Grande.

The results of this inspection have been published by the Illinois State Board of Health, and, as the report is accessible to the members, I will confine myself on this occasion to the following conclusions:

I am more than ever convinced, since completing this inspection, that Asiatic cholera, as well as small-pox and yellow fever, may be effectually excluded from the United States by an intelligent use of the agencies still at our command.

This is not a matter of speculation or theory. A great advance has been made since 1878 in practical sanitary sciences, notably in the administration of the maritime quarantines generally, and especially in the improved safeguards at the mouths of the St. Lawrence and the Mississippi. A quarantine of exclusion of these three principal epidemic diseases is now a matter of certainty, depending upon prompt notification of threatened danger, vigilant supervision over commercial intercourse with infected localities, inspection of all immigrants, and the enforcement of their vaccinal protection; sanitation and purification of infected vessels and cargoes; isolation of those sick with these diseases; the surveillance of suspects during the periods of incubation; and the employment of other well-defined preventive and precautionary measures which now constitute the best modern sanitary practice as applied to maritime quarantine.

It must be repeated, however, that the cooperation of the national government with state and local authorities, as well as its independent action in matters beyond the reach of states and municipalities, are indispensable to the proper protection of the public health. The duty of Congress in this connection is even more pressing than the responsibility of providing defense against an armed enemy. This latter is a more or less remote contingency, but the assaults of foreign pestilence are constant and continuous.

Thus far we have been providentially spared an invasion of the Asiatic plague, which is now filling Great Britain and Europe with anxiety, and the real extent and prevalence of which we do not know. The State Department has, within a few days, been requested to appoint sanitary inspectors at the United States Consulates at Geneva, Naples, Marseilles and Venice, with instructions—in the language of the dispatch—"to give prompt information of the appearance of cholera in any of the consular districts named, and to report the departure of emigrants and merchandise for the United States from infected districts." But it is already known that the disease exists, and has for months, in several provinces of Italy, including Venitia, cases having been reported in Venice even in January last; it is known that the entire Mediterranean littoral is practically an "infected district," and that the northward march of the pestilence is causing alarm in Austria, Germany, Northern Europe generally, and in Great Britain. The appointment of sanitary inspectors at one French and three Italian ports hardly seems adequate to the occasion. At no time since cholera was announced at Toulon, in 1883, has this continent been in as serious danger of invasion of the disease as it is now. And not alone does cholera threaten, but small-pox is epidemic in many districts with which we are in direct and frequent communication[1].

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1 It is worthy of passing note that cholera has invaded a new continent within the past few months. Its introduction into Australia, where it had been hitherto unknown, furnishes a fresh proof, if any were necessary, of the transportability of the contagion, of the necessity of supervision over maritime travel and commerce, and of the importance of being prepared to meet and properly deal with an infected vessel upon its arrival.

I cannot close the consideration of this branch of my subject without a brief reference to the obvious necessity of national control of immigration. Sanitary science and public hygiene touch both the individual and the national life at many points. It is a question which is daily and hourly becoming more urgent, as the columns of every issue of every newspaper show, how much longer it will be safe and prudent to continue an unrestricted influx of the vicious, the insane, the pauper and the infected immigrant into our midst. I will not attempt to discuss so momentous a question at the present time, and, amid the multiplicity of other topics, I have already, on more than one occasion, expressed my views concerning it. Neither the sanitarian nor the statesman can afford to longer ignore its consideration.

The by-law calls for a report on the "advances and discoveries of the past year in the branches of science included" in the section. While the workers have been active and their labors fruitful in many directions, it is to be feared that the discoveries in Preventive Medicine are too intangible, are too incomcomplete, to warrant much of positive statement. There are new theories and claimed discoveries concerning malaria, cholera, yellow fever, hydrophobia, tuberculosis and other diseases. But whether Klebs and Crudeli or Marchiafava or Celli have found the malaria germ, whether Koch and his followers, or Klein and his confreres are correct as to the causative connection of the comma-bacillus with Asiatic cholera, whether Domingos Freire and Carmona are to share the obloquy of Ferran or the honors of Pasteur, whether bacteria themselves, or only their products, or whether neither one nor the other, but ptomaines or leucomaines, produced by normal vital action, are the morbific agents of disease against which the sanitarian must direct his energies, these and similar questions are still sub-judice.

The etiology of such common diseases as diarrhea and diphtheria is still equally obscure, although some light seems to be thrown upon the origin of certain outbreaks of the latter disease by the observations of Dr. Gresswell, who, in a paper recently read before the London Epidemiological Society, thinks he has traced six outbreaks of diphtheria, for which there was no other obvious explanation, to persons suffering from chronic tonsillar inflammation following attacks of diphtheria, and concerning whom he asks, "Do the violent reactions of the tonsils of these persons to weather changes involve likelihood of rendering them diphtheritically infectious?" In other words, may diphtheria become chronic and liable to periods of infective recrudescence? The question acquires additional importance for the medical officer of health from the fact that the disease is unmistakably increasing in frequency and its influence upon the death rate.

On the other hand bacteriology may fairly claim to have advanced the science of water analysis, which no longer depends upon chemical and microscopic examination, but for the purposes of the sanitarian must be submitted to the further test of biologic experiment. It has also certainly been of service in raising the art of disinfection to the level of an exact science, and the labors of Sternberg, Smart, Salmon, and others in the bacteriological field in the United States, are not unworthy of comparison with the work in Europe. A reaction, however, seems to be setting in against the sweeping claims of the bacteriologists, and the assertion, for example, that the typhoid bacillus, after twenty years of experiment, has at last been demonstrated to be the true typhoid germ, will not stand the criticism of Prof. von Pettenkofer, who in a recent address on the relationship between bacteriology and epidemiology, points out that the entire environment of a micro-organism and all the conditions which influence its growth, development and results must be taken into account, and that the mere fact of setting up a certain train of symptoms in a lower animal analogous to those observed in the human subject is by no means conclusive proof that the fungus transmitted from the one to the other is the sole cause of the disease in the higher organism.

In this address, which like all of his contributions to scientific hygiene is replete with food for thought, Pettenkofer asks what the study of bacteriology has done in advancing practical sanitary measures, and pertinently cites Lister's antiseptic system and Pasteur's rabic inoculation as instances of practical results accomplished without demonstrating the existence of a special form of bacteria or the actual morbific agent. He might still more strikingly have referred to Jenner's immortal discovery.

Concerning this subject of vaccination, I beg to call the attention of the members to the additional proof cited in the recent reports of the Illinois Board, of the superiority of humanized virus, not too far removed, over bovine, in cases demanding promptness and certainty of action. I think this practical point cannot be too strongly insisted upon, and it may be well to repeat, as a fitting conclusion of this address, my remarks on this subject in

the paper on "The Relations of Small-Pox and Vaccination" in the Fifth Annual Report of the Board (p. 502). Treating of the promptness of action in the face of exposure it is there shown that 'humanized' virus may be depended on much more certainly than bovine to act promptly. Usually on the second or third, very seldom so late as the fourth, day after the insertion of good humanized virus, the papular stage of vaccination will begin, and he followed, with almost unvarying regularity, by complete development of the vesicle on the eighth day, and by the subsequent appearance of the 'index of safety'—the specific inflammation of the skin, or stage of areola. Bovine virus, on the contrary, is subject to all degrees of delay, even to periods of weeks. During the recent epidemic this defect of bovine virus was more than once followed by serious consequences. Not alone were lives lost among the exposed members of isolated families, where vaccination was resorted to early enough to have averted an attack had the virus acted promptly, but epidemic outbreaks followed under similar circumstances—that is, in localities where, upon the discovery of the first case, vaccination of all unprotected or exposed was at once resorted to, with bovine virus, but which either proved so tardy in its action, or so totally inert, as to allow the disease to gain a foothold. See Details of Local Outbreaks, *passim*, for such instances.

"'The loss of a day,' says Seaton in his Hand-book of Vaccination, 'may be the loss of a life.' Hence the necessity for using virus which will act promptly, and not remain latent three, five or any other number of days. Recent experience corroborates observations made during the period from 1866 to 1873, while Sanitary Superintendent of the city of Chicago, to-wit: That it is never too late to vaccinate after exposure, short of the actual appearance of the variolous eruption. If the vaccination be performed within three or four days after exposure, and the areolar stage, the index of safety, be reached in the normal time, an attack of small-pox will almost invariably be averted. With every additional day's delay the protective power will be weakened; but, contrary to the opinion laid down in the text-books, experience proves that this protective power is not entirely exhausted until the vaccination is deferred at least up to the beginning of the febrile stage of small-pox.

"Of 323 cases of small-pox, tabulated in the preceding pages, in which the patients had never been vaccinated until after exposure, 305 recoved and 18 died, being a less mortality rate than among the 690 cases, which occurred among those who had been vaccinated before exposure only. In some of these cases vaccination was not attempted until shortly before the beginning of the eruptive stage. A reference to the Notes appended to the Tabular Statement of 1,100 cases, pages 296-327 inclusive, will show many instances where vaccination after exposure was successfully resorted to after the expiration of the period assigned by Marson, Seaton, and others, as the limit beyond which, 'whatever the local success of the vaccination, no constitutional effects will be imparted.' In these Notes will also be found the details of cases where the attempt to vaccinate with bovine virus was only successful after one or more repetitions, with loss of valuable time, or where such attempt finally proved wholly unsuccessful. With the exception of one group of six cases—a family vaccinated by the father, a layman—all the vaccinations performed with humanized virus, after exposure, were successful, and the patients recovered with mild attacks of short duration. But of such vaccinations with bovine virus, over forty per cent were failures—that is, in the sense of manifesting activity before the variolous disease began—and of this forty per cent of failures there was thirty per cent of fatal results."

The general tenor of these views is also supported by the figures given in the January number of the *American Journal of the Medical Sciences*, quoting from the *Arbeiten aus dem Kaiserlichen Gesundheitsamte:* "The increase of unsuccessful vaccinations in the German Empire was due to the vaccinations in the Grand Duchy of Hesse, where, owing to the introduction of animal lymph, the number of successful vaccinations decreased from 97.31 per cent, in 1881, to 63.44 per cent, in 1882." And the German Commission on Vaccination report—"*For* vaccination with humanized lymph may be mentioned the certainty of its action, the simplicity of its machinery, the inexpensive manipulation of the lymph. *Against* the use of animal lymph may be taken the less certainty of its results, a more complicated machinery, and the greater cost of production of lymph." Nevertheless, the Commission conclude that animal "is capable of supplying the place of humanized lymph." Commenting upon this, Dr. Buchanan, the medical officer of the Local Government Board, in his last report (1884) says: "In England, these are identical when the operation is done directly from arm to arm, or calf to arm; thus, two operators at the Animal Vaccine Establishment, in London, produced an average of 988 vesicles for every

thousand insertions of calf lymph made on infants. Now the employment of stored lymph reduces this average by some 20 or 30 per cent, whether humanized or animal lymph be used. Direct vaccination from calf to arm is only possible in large centres of population. In sparsely inhabited districts the use of stored lymph becomes a practical necessity, unless arm-to-arm vaccination be resorted to; hence, there is much probability that the decision of the German Commission will tend to reduce the condition of the German people, as to protection against small-pox, to the condition of the inhabitants of the Grand Duchy of Hesse."

I see no reason—but the contrary—for modifying the judgment expressed in the eleventh of the propositions, concluding the paper above referred to: (The Relations of Small-Pox and Vaccination. Fifth Annual Report Illinois State Board of Health, p. 508.)

"XI. That the relative advantages of bovine and of humanized virus are still *sub judice* as to the most important point, namely, their comparative protective powers. Humanized virus has been tested for more than eighty years; bovine for about sixteen. The former, descended in an unbroken line of vaccinations from the original operations of Jenner, still produces the same typical results, the same regular sequence of phenomena, as hose obtained by Jenner himself; the latter produces almost as many varying results as there are propagators. * * * In cases of emergency, where promptness of action is important, the preference must be given to the humanized."

EDITORIAL NOTES.

Urethan.—The Paris correspondent of the *British Medical Journal* writes: MM. Mairet and Combemale have addressed the following communication to the academy of Sciences. "We have administered urethan 300 times, to thirty-seven insane patients, with whose form of insanity we were acquainted. The doses varied from ½ gramme to 5 grammes, given in twenty-four hours. When we administered urethan to insane patients, with whose symptoms and condition we were not thoroughly acquainted, it was given to them several times. The mental affections of the patients may be classed as follows: mania, 13; lypemania, 2; imaginary persecution, with sensorial faculties perverted, 3; insanity, consecutive to mania or lypemania, 9; insanity, consecutive to atheromasia, 3; paralytic madness, 7. In paralytic insanity, and insanity from atheromasia, strong doses of urethan did not have any hypnotic effect. In the other forms enumerated, the effect varied according to the excited state of the patient; when this is very intense, the drug does not have any hypnotic effect, but appears to increase the excitement. In less excited conditions, urethan produces sleep, which is calm, regular, and free from nightmares; the patient wakes up easily from a slight noise, or any other disturbing influence, but quickly falls asleep again. Sleep from urethan generally lasts from five to seven hours, and is not followed by any disagreeable sensation. Nutrition does not appear to be affected by urethan, even though it be given during fifteen days. From 2 to 5 grammes produce sleep, but not smaller doses; if 5 grammes be given as a first dose, and fail, it should not be continued. Its action is generally quick; sometimes two or three hours elapse before sleep results. Its action is not lasting; after two or three days, or six or seven days, according to the patient, it fails to produce sleep; its use must then be discontinued during some days. The earlier and the sounder the sleep resulting from its influence, the sooner is that influence exhausted." MM. Mairet and Combemale's physiological researches on the action of urethan, published in the *Comptes Rendus de la Société de Biologie*, March 20, 1886, indicate that this substance acts directly on the nervous system.

—Dressing for Burns.—Periscope writes: The local application consisted of tannin dissolved in sulphuric ether in such proportions as to give a syrup-like consistence. This was applied directly to the parts. The patient seemed to be bordering on convulsion from sheer pain, but instant relief followed the application which dried rapidly and formed a flexible, non-elastic coating. It excluded the air as effectually as collodion does, while it did not contract or become stiff, as the latter does. It proved to be a most perfect dressing—fulfilling every indication.

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THE INTERNATIONAL MEDICAL CONGRESS.

The *New York Medical Record* in "addressing" the foreign delegates to the Congress, says to these gentlemen: "We have had, in this country, certain disputes, mainly over the question whether the Congress organization should be controlled by the American Medical Association, a society of about three thousand members, or by the medical profession of sixty thousand. In this dispute the American Medical Association has conquered." It is not a very high compliment to "the profession of sixty thousand," to say that it was "conquered" by "three thousand." It looks, from the *Record's* point of view, like a realization of the prophecy "one man shall chase a thousand."

However, all joking aside, we are glad to read in the *Record* that "The International Congress will not hereafter meet with any aggressive opposition or criticism." We are sorry to think that many real, good men in the East still think they are "debarred from receiving guests in an official capacity." We wish these gentlemen did not consider themselves debarred. There is no "code" question now; there is a large and liberal organization, and yet our friends still hold aloof when the honor of the profession is at stake, when the American Medical Association, that gave the invitation to the Congress, has waited for them and for the evidence of their professed loyalty.

Almost everything except the power to rule or ruin has been conceded, and why they are yet in studied, though quiet opposition to the Association and the Congress is something hard to give a reason for.

The probability is that a new medical society will be formed. It has been in the process of formation for some time, and it will succeed doubtless; but it is a pity that the energy engaged in its inception and growth, should not have been expended in correcting supposed faults in the National Association.

Our friends in the East claim that the majority of physicians is with them; why, then, have they not directed the work of the Association? If they have the members, the talent, etc., whose fault is it that the Association is not what they think it should be.

The truth of the whole matter is, the men who are opposed to the American Medical Association, have let their interests go by default for causes best known to themselves. At the last meeting, there were a very few men from any one of the great Eastern cities, though all knew the meeting would be an important one.

The *Record*, in closing, says, "the American Medical Association will continue to live, and we trust will thrive." Yes, so long as men live in the profession, who are true to the memory of Gross, of Hodgen and of Flint, men who are loyal at heart to those principles which crown all scholastic attainment, so long will the American Association live and thrive. Since recent events have committed the interests of the Association, to a large extent, to the West and South, these interests shall not suffer.

W. P.

OUR CHARITY HOSPITALS.

We venture to say that there is not a city in the country or in the world, for that matter, where the various elemosynary institutions are utilized to such poor advantage in aiding medical education, as in this city. The Female Hospital is located at a remote distance from the city, (about six miles from the City Hall, from which place all patients are properly distributed,) necessitating a long and painful journey to the unfortunate victims of acute disease, besides placing them out of reach of the benefits of skilled consultants. The present resident physician happens to be a very efficient officer, but he would be still better, could he have the

benefit of a daily visiting staff of consultants. The Hospital is of no service to the course of medical education in St. Louis, the various medical colleges, with their numerous students, receiving no benefits whatsoever.

The City Hospital proper is most excellently located, in a very healthful part of the city, easy of access for patients, students, professors and physicians generally; but during the past eight or nine years, it might as well have been situated in Timbuctoo for all the service it rendered to medical classes, or all the benefits the patients received from the able and skilled corps of consulting surgeons and physicians connected with the hospital. There can be no question that the resident physician, Dr. Dean, would have been much more comfortable during all the years of his service, the patients under his care would have been not less skilfully treated, and the medical colleges would have been decidedly the gainers, had he pursued a different line of conduct in his relations to his consulting staff and the colleges. We do not for one moment urge that the medical colleges should be served at the expense of the city or to the detriment of the patients, but we feel sure that their interests are mutual. The medical colleges bring to the city every year hundreds of young men, who spend their money to the amount of at least two to three hundred thousand dollars yearly. So, from a commercial point of view, they should be recognized; but their claims are based upon a higher ground than dollars and cents—they are engaged in the noble work of advancing medical science; and every step forward is a benefit to mankind, so that humanity itself would require that every advantage and opportunity should be extended to honest medical college workers. A part of the Female Hospital has tumbled down and other parts are insecure. The proper course to pursue under the circumstances, we think, would be to build a number of inexpensive pavilion wards on the grounds of the City Hospital and remove the patients to them, thus putting all the city patients under one management, securing a great reduction of expenses, and bringing all patients within the reach of clinics and the most efficient and able outside attendants. The present resident physician of the City Hospital is, we understand, soon to retire. If the consolidation of the two hospitals should be accomplished, the resident physician of the Female Hospital might well be transferred to the new hospital and be placed in charge of the same. We believe that our city is fortunate in having a Mayor who has shown himself, on all occasions, to be a man of culture, judgment, energy, pluck, back bone and brains. Such men as David R. Francis are rarely elected to preside over the destinies of our cities. Whatever has been the question presented to him for determination, he has displayed rare judgment and ability in deciding it.

He has never acted hastily, but usually wisely. He has shown that he was the right man in the right place, whether ratifying a law by his signature or reversing it by his veto, whether welcoming to the city, as chief executive, the members of a national cattlemen's convention or a national convention of doctors. With the record he has made, we are sure he will be true to himself, our city, and the interests of our profession, when the time comes for him to make the various medical appointments under his control.

He is a man, we are sure, who has little sympathy with applicants for office, whose chief claim for preferment lies in the fact that they are well along in years, and whose efforts to establish and sustain themselves have been ignominious failures. We think he is not on the lookout for effete matter to saddle upon the city institutions. Material which has not been able so organize itself sufficiently upon the outside to be of value to itself, will not be of much value to anybody or anything, if placed in charge of a city institution.

I. N. L.

The Mississippi Valley Medical Association.

A fine exhibition of intelligence was made by the man, who, at the recent meeting of the

American Medical Association, filed a protest against the admission of delegates from the Mississippi Valley Association. He ought to have known that there were no such delegates and never have been.

This gives us the opportunity to say that the time has come when the Mississippi Valley Association, the once famous "Tri-State Society," should put itself on record as to its standing. The plan of having no constitution, no legal responsibility, no relationship to any other society, has been tried and found wanting.

A few years ago it was second to no society in the land. To-day, its active membership is greatly reduced, and the interest only a remnant of former days. Good men are yet among its members, and there is as much need for it as ever. It should not die.

It will die, however, if something is not speedily done to place it in a better light before the profession. Though the most of the members are active in other societies and in the American Medical Association, yet they strangely hesitate here to take any action that would put the society in a line with others.

Hence, the idea prevails that the Mississippi Valley Association is unethical, and if today it sent delegates to the National Association, they would probably be refused.

If this Association is to become an asylum for those who are beyond the boundaries of their local societies or of the National Association, let it pursue its present course, but it will cost it much.

We have been justly proud of the old "Tri-State," and we would save it from suicide. Let the strong men of the Association attend once more and enact such measures as shall lift it out of the present difficulty.

W. P.

We are glad to see that the Chairman of the Committee of Arrangements of the A. M. A., with his own mouth endorses the sentiments expressed and the facts stated by the Review some weeks before the meeting of the Association, he, however, putting it much stronger than we. We only tried to arouse the profession to earnest work by suggesting our fear of failure, unless a "pull all together" were made.

The C. O. T. C. O. A., as will be seen elsewhere quoted, said, "until Mr. Lambert came to the aid of the committee everything foretold a failure." "When called upon Mr. L. promptly responded and unselfishly worked for the the committee and during the entire time he modestly kept in the background." We call the attention of our exchanges to the article we clip from the *Globe-Democrat*, and trust they will give the "honor to whom honor is due." The committee is following the lead of the Review, which two weeks ago placed the credit where it belonged.

I. N. L.

A Complimentary Banquet.—A Dinner to the President of the American Medical Association.

The banquet given at the Lindell hotel, Wednesday evening, June 3d, by the medical fraternity of St. Louis, in honor of E. H. Gregory, President of the American Medical Association, was a pleasant affair and a fitting compliment to the distinguished beneficiary. Three long tables were arranged in the shape of a horse-shoe in the ladies' ordinary, and were lavishly decorated with rare flowers wrought into appropriate designs. The supper was all that could be desired, and was served in courses. Dr. J. B. Johnson presided, and among the eighty guests, who were present, the following were called upon to respond to toasts: Drs. T. L. Papin, E. F. Smith, P. G. Robinson, H. H. Mudd, N. B. Carson, C. A. Todd, W. B. Outten, F. J. Lutz, and G. A. Moses.

In response to the toast:

"Our Guest—May he be as honored in the future as he has been useful in the past."

DR. GREGORY RESPONDED, SAYING

Gentlemen—I my almost say my Students —My position is novel. I am more nervous than on my wedding day. The central figure of a banquet hall, in the midst of a galaxy of medical talent. My emotions are peculiar. I

who have stood between welling, spouting blood and grim death, cannot understand the mysterious perturbation of this moment, anticipating the possibilities. I have written what I find in my heart to say:

This is a royal entertainment and right royally do I thank you. The generosity of my friends passes all understanding. The question often comes, has another man such friends? I am indebted to my home friends, my life-long friends, my indefatigable, self-sacrificing friends for the proud distinction of being your honored guest to-night. Mark you, I am not unmindful that the honors of this occasion are due to the presidency, and not the president of the American Medical Association.

The American Medical Association is the oldest and largest representative body known to history. A gigantic consultation for the relief of the suffering world. For forty years it has protected our interests, maintained our honor, increased our knowledge and extended our usefulness; through it the profession has been introduced to the world as a body. In fact, the profession exists, as a whole, in the Association. In its early history, it represented only general medicine; now, through its several sections, it represents all the important specialties. This latter feature is most important and advantageous, suggesting the propriety of discouraging the formation of new associations, having for their object medicine and general surgery, for such associations must weaken the parent trunk by diverting influence and intent from its legitimate purpose. We need no national associations of physicians and pathologists, no national surgical association. To be the representative head of this great body of enlightened physicians is, indeed, a great honor. Again, couple the fact that this dignity is without patronage and one sees at once the work of disinterested friendship, the work of friends who have no personal interest or personal advancement at heart. For all this I am proud; for all this I can only tender my poor thanks; doubt not my sincerity; doubt not my gratitude, for I am heartily in earnest."

The delight and joy was unconfined, and the amount of wit and humor, which sparkled and bubbled on all sides, was only paralleled by the champagne, in its abundance and freedom, the whole concluding with "Auld Lang Syne."

Water as a Diuretic.—In an article on the action and use of diuretics, in the *Practitioner* (*Canada Medical Record*) Dr. T. Lauder Brunton says that water is, perhaps, the most powerful diuretic we possess, although fewer experiments have been made with it upon animals than with the others. The diuretic action of water drunk by a healthy man is very marked, and it appears impossible to explain its elimination by a mere increase in blood-pressure, whether general or local. It has the power of increasing tissue-change, and thus multiplying the products of tissue-waste which result from it, but it removes these waste products as fast as they are formed, and thus, by giving rise to increased appetite, provides fresh nutriment for the tissues, and thus acts as a true tonic. In persons who are accustomed to take too little water, the products of tissue-waste may be formed faster than they are removed, and thus accumulating may give rise to disease. If water be freely drunk by such persons, the products of waste will be removed and health maintained or restored. Many gouty persons are accustomed to take little or no water, except in the form of a small cup of tea or coffee daily, besides what they get in the form of wine or beer. In such people, a large tumbler of water drunk every morning, and especially with the addition of some nitrate or carbonate of potassium, will prevent a gouty paroxysm. Still more numerous, possibly, is the class of people who arise in the morning feeling weak and languid—more tired, indeed, than when they went to bed. Many such people are well fed, they sleep soundly, and it seems almost impossible to believe that the fatigue which they feel in

the morning can result from imperfect nutrition, more especially as one finds that after moving about, the languor appears in a great measure to pass off. It seems that this languor must depend upon imperfect removal of the waste products from the body, as we know that the secretion of urine in healthy persons is generally much less during the night than during the day. Such people should drink a tumbler of water before going to bed in order to aid the secretion of urine and of the waste products during the night. In some cases, though not in all, the result has been satisfactory, and possibly might have been still more so, if the bicarbonate and nitrate of potassium, which are so useful in cases of gout, had been added to the water.

Lately a plan of treating gout by draughts of water at intervals during the day has been a good deal employed, and is in many cases successful. The following is a diet used along with this treatment by a medical friend:

7:30 A. M. Ten fluid ounces of very hot water. 8 A. M. Breakfast: equal parts of weak tea and milk, a small quantity of white sugar, a slice of fat bacon without a strip of lean, bread and fresh butter. 1 P. M. Milk-pudding, rice, sago, tapioca, macaroni, or blanc mange, and small biscuits with butter, ten fluid ounces of hot water. 4 to 5 P. M. Ten fluid ounces of hot water. 6 P. M. Dinner: white fish or fowl (usually boiled), greens, bread, no potatoes, claret seven fluid ounces. 8 to 9 P. M. Ten fluid ounces of hot water. 11 P. M. Ten fluid ounces of hot water.

If he indulges either in meat or game, or drinks copiously of claret, or omits one or two glass of hot water, he feels gouty or gravelly next day. It is obvious that by this plan of treatment, in which the ingestion of nitrogenous food is most strictly limited at the same time that every facility is given for the elimination of the products of nitrogenous waste by the large quantities of hot water drunk in the course of the day, the accumulation of waste in the tissues ought to be most effectually prevented.

The Medico-Chirurgical Society of St. Louis, met in regular session Tuesday evening, June 1st, with Dr. Jno. R. Lemen in the chair, and Dr. Grindon as secretary, and the following members present: Drs. Todd, Leete, Steele, Fry, Homan, Delaney, Morrison, Dixon, W. and F. Glasgow, Nelson, Epstein, Mulhall, Brookes and Love.

Dr. Todd read an interesting paper from a physiological standpoint, with the title: "The Iliac Arteries and Inferior Vena Cava. A Study of their Valvular Action on the Venous Current." The paper was discussed by Drs. Homan, Nelson and Fry.

This Society is surpassed by none in the character of its membership. The location of its hall (Jefferson and Lucas Aves.) is central, pleasant, and every way admirable, and its acoustic and other properties in every way make it an ideal meeting place for doctors. Its library and file of medical journals is very valuable, the latter containing probably every medical journal published in the world to-day.

—Uroglancin as a Diagnostic in Scarlet Fever. —The "Revista Medico-Quirurgica" ("Canadian Practitioner") reports: Dr. Apery, of Constantinople, has been investigating the blue coloring matter of the urine (indigo blue, indigotin, uroglancin, uromelanin, etc., of the authors), which is met with under divers conditions in urinary sediments in the form of a dark blue crystalloid powder. It is derived by the influence of acids or ferments from indian or uroxanthin, a reddish coloring matter which exists in small quantity in normal human urine, but in increased quantities in certain diseases, and in abundance in the urine of the dog, horse and cow. Dr. Apery has found this uroglancin invariably in the urinary sedi ments of scarlet fever cases, deposited in small masses, notable for its blue color.

—The ninety-sixth annual meeting of the New Hampshire Medical Society will convene Tuesday, June 15, at Concord, N. H.

—A carpenter knocked his rivals teeth out with an axe and claimed that it was axe-dental.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

Stated meeting held Saturday evening, May 29, 1886. The President, Dr. Gregory, in the chair.

Dr. Bremer read a report of the microscopical examination of the heart and skin of the patient with pleuro-pneumonia, the account of which was presented by Dr. Hulbert at last meeting, and which was complicated by a suppurative pericarditis and facial erysipelas.

Dr. Porter introduced to the president and members of the society, Dr. Robert Withers, of Otago, New Zealand, who was invited to participate in the proceedings of the evening. Dr. Withers is well-known in this part of the country, owing to his connection, in the capacity of collaborator, with the Review.

Dr. Dean read the notes of an interesting case of abdominal aneurism.

The patient, a man aged 45 years, had lost eighty pounds in the last few months. Severe pains in loins and lumbar regions of abdomen, with marked bruit in anterior abdominal region. Post-mortem revealed a large aneurism behind the celiac axis. There was a large opening through the diaphragm above the tumor, thus establishing an artificial communication between the abdominal and thoracic cavities. There were large cavities in both the psoas magnus muscles, and the bodies of the eleventh dorsal, and first, second and third lumbar vertebræ were greatly eroded. The trunk of the celiac axis was as large as the aorta itself, and there was no opening whatever from it into its branches, the gastric, hepatic, and splenic. The specimen was then presented to the society for examination.

Dr. Dean then related the history of a girl who had been in the hospital a short time before, and who had been operated upon that morning for aneurism of the internal carotid artery, the history just previous to the operation being furnished by Dr. Hulbert, and the details of the operation itself by Dr. Mudd.

The patient, a girl, aged 19, had entered the hospital with scarlet fever, with pronounced throat symptoms; after remaining in hospital a short time, a swelling in region of right parotid was noticed, which was very tender. Shortly afterward had a hemorrhage from the back part of throat, losing over a pint of blood, which was thought at the time to have come from the tonsil. Patient then left hospital and fell under the care of Dr. Hulbert, who continued the history as follows: Patient when seen had a swelling in right parotid region, which was tender and presented great resemblance to an abscess connected with the tonsil. The swelling was punctured with a knife through the anterior pillar of the fauces, but no pus was found; shortly afterward there was another profuse hemorrhage, and aspiration of the tumor to discover its contents was directed; upon aspiration a quantity of blood was removed, and character of the tumor was then clear. Dr. Mudd being called, operated and gave the following account of the operation. When seen the tumor extended backward to and under mastoid process, forward to the lower jaw, above to the base of skull, and below to the thyroid cartilage; it projected into pharyngeal cavity to such an extent as to half fill it. The internal carotid artery could be traced by its pulsations to a level with the angle of the jaw; no thrill or bruit, but universal expansion of the tumor could be felt. Small needle canula was introduced and small quantity of blood was withdrawn. The operation was as follows:

The common carotid was exposed without any difficulty, and it was found that compression of it checked the pulsation in the sac; a ligature was then thrown loosely about it, but not tightened, so that in case there was hemorrhage from the sac during the later steps of the operation it could be quickly stopped by drawing the ligature tight. The intention then was to explore in the region of the sac to determine the best plan of dealing with the vessel with which it was connected. The clearing away of the parts had been but just begun, when the patient was seen to cease breathing, and the jaws become rigid; at the same time there was noticed hemorrhage into the mouth, which was immediately checked by the temporary ligature on the common carotid. The jaws were opened and tongue forcibly drawn out, patient inverted and skaken, then the trachea opened and artificial respiration resorted to, but with no good result; the patient was dead, having, in her very feeble condition, been choked to death by the blood passing into the lungs. The doctor then spoke of the cases he had lost on the table, saying that it had happened to him three times, and in every instance from the same cause, which was the passing of fluids into the lungs, when the patient was much enfeebled, and choking them.

Dr. Lutz asked if there was not some chance of the artery having been wounded in some attempt at operative interference, when

the girl was thought to be suffering from tonsillar abscess.

Dr. Mudd stated that he thought not, and that the origin of the aneurism made one of the interesting features of the case.

Dr. Gregory presented specimen of a large fibroid of the uterus removed a few days before, the size of a man's head. It had been attached to the fundus of the uterus by a pedicle as thick as a man's wrist, which was clamped and then burnt off, but, there still being hemorrhage from the stump, it was tied with a double ligature passed through its base. Patient had had a great deal of pain the last six months, but no flooding.

Uterus measured 5½ in. depth.

Dr. Meisenbach spoke of the position of the head in operating about the face or mouth, that position of hanging far back over the edge of the table, so that any blood passing into the pharynx would flow out through the nasal cavity, and not into the trachea; thought that perhaps the fatal result in Dr. Mudd's case might have been avoided by resorting to this mode of placing the patient.

Dr. Mudd stated that he had specially avoided that position in this operation, as it would have placed a great deal of tension on the sac, which would have facilitated its rupture; that the position was one he always resorted to in operations such as removal of he upper or lower-jaw, and well knew its utilty, but in this case had not made use of it for the above reason. There had already been two ruptures of the sac followed by profuse hemorrhage, and he had placed the patient in as comfortable a position as possible to avoid another.

CHICAGO MEDICAL SOCIETY.

Stated meeting, May 3, 1886. The President, E. J. Doering, M. D., in the chair.

Dr. M. P. Kossakowski exhibited a case of

Double Hare-Lip and Cleft Palate in an Infant.

He promised a subsequent report of the case.

Dr. H. Gradle read a paper on

Pure Drinking Water.

He said the only way of deciding the question whether the Chicago drinking water is ever deleterious to health is to search for the number and kinds of micro-organisms it contains. The sewerage is poured into Lake Michigan, the source of water supply, whenever the current in the river drifts towards the lake. It is well known that the discharges of typhoid fever—of which there are over 5000 cases annually in the city—contain the typhoid bacilli. Any spores existing in them, and thus carried into the lake, are likely to remain alive in the water long enough for some few of them to enter the water mains. A similar danger is not unlikely in the case of other intestinal diseases, although the parasites causing them have not yet been identified. Such considerations lead one to suspect the water as the possible cause of infection, however rare.

The speaker has made some culture-analy ses according to the methods of Koch, and found from 1000 to 1500 living germs per cubic centimetre of water. Four to six varieties of bacilli are commonly met with in the water, mostly in the form of spores.

For purification the speaker recommended twenty minutes' boiling, or thorough filtration. Most filters in the market are inefficient. The Mallié aerifilter, however, was found to be practically bacteria-tight, when recently cleansed, though on continued use a few germs passed through it. It consists of a cylinder of porous clay screwed to the faucet, and surrounded by a glass cup, through which the water passes.

Dr. Long asked if it is demonstrated whether the bacteria in our drinking water come from the sewerage or from the air.

Dr. L. Curtis said there is no doubt that water absorbs a great number of bacteria from the air, and that these may gain entrance into the circulation through the digestive tract as well as through the respiratory tract. He said there is no doubt of the possibility of malarial germs being introduced into the system by means of drinking water.

Dr. R. Tilley wished to know if it has been actually demonstrated that the bacillus tuberculosis finds its way through our sewers into the lake and drinking water. We are not justified in saying that our water contains this element of danger until it has been demonstrated.

Dr. J. Zeisler asked if Dr. Gradle had examined the Waukesha waters and found bacteria in them.

Dr. Gradle closed the discussion by saying he took pains not to state in his paper whether he thought the disease germs found in the water were i roduced by means of the sewerage or air. It is not a vital point so far as the use of the water is concerned, although if it is decided that these bacteria are introduced by means of the sewerage and not the atmosphere, it would have a bearing on the

question of where to dispose of our sewerage. However, there is no doubt but bacteria are introduced into large bodies of water by means of dust, vegetation and decayed leaves, and there is no reason to believe that the bacteria found in our water are derived from the sewerage alone. A Russian chemist had examined the water found at St. Petersburg, and found that at a distance from the city the number of bacteria per cubic centimetre was considerably less than near the city. Dr. Gradle has examined water obtained from Lake Michigan about thirty-five miles from Chicago, and had found about the same number of bacteria per cubic centimetre, but a less number of varieties than in city water. He believed the spores of typhoid and tuberculosis may find entrance into our lake water, and become causes of disease in individuals who are not prepared to resist their attack. Dr. Gradle had never examined the Waukesha waters, but he had examined water from a spring on his own farm, which he believed to be as pure as Waukesha water, and had found only fifteen to twenty bacteria per drop, and only three varieties. He believed that spring waters are the purest, as the bacteria they contain cannot be due to sewerage.

Dr. W. H. Lyford read a report of a case of

Scleroderma.

A girl, æt. 10 years, apparently healthy and of good family history. Five years ago she received a shock from a lightning stroke. Shortly afterwards her parents noticed, under the surface of the skin over the outer region of the left forearm, a delicately traced symmetrical figure, branching and ramifying in purplish colored lines with singular regularity. Dr. Lyford believed the lightning had paralyzed the cutaneous branches of the musculo-spiral nerve, and caused congestion of these filaments, with the marking as a result. In due course of time the skin has undergone the changes that take place in scleroderma. There is hyperesthesia accompanied by pain, especially at night. The patch is now slightly elevated above the surrounding healthy integument, and is only slightly movable, while at the elbow it is attached to the fascia and sheaths on the tendons, thus interfering somewhat with the movements of the forearm.

Dr. J. Zeisler said he had seen four cases of scleroderma, two of general scleroderma and two of partial scleroderma. The first two cases he saw in a clinic of Kaposi. Their appearance was striking. In scleroderma the features of the face are immobile, and, therefore, the patient cannot express the emotions. The skin and underlying tissues seem to grow together. The cases of partial scleroderma he had seen in this city. In one patient the patch of scleroderma was a ribbon-like band behind one ear, pinkish in color, immovable upon the underlying tissues. The other case was a lady, æt. 50 years, who noticed her right mammary gland was becoming hard, large and the nipple contracted. There was no pain in the breast, nor were the axillary glands involved. The skin was hard and adherent to underlying tissue. A similar condition was observed in a patch of skin on the right arm. Kaposi states the majority of cases of scleroderma occur in females. The best treatment for scleroderma is massage and electricity.

Dr. H. Gradle presented some stereoscopic views of sections of hypertrophied tonsils taken from Troutman's book on "Hypertrophied Tonsils," after which the Society adjourned.

Stated Meeting, May 17, 1886. The President, E. J. Doering, M. D., in the chair.

Dr. Edmund Andrews exhibited a

New Evacuator for Litholapaxy.

Dr. Andrews said one serious defect of Bigelow's and Thompson's evacuators is that the rubber bulb makes suction only for an instant instead of continuously, thus allowing fragments of stone which lie along the tube to be thrown back into the bladder when the bulb is compressed, thus irritating the bladder as well as causing it to be repeatedly expanded. To obviate these difficulties Dr. Andrews has had constructed an evacuator in which the essential features consist in a double-chamber evacuating tube, straight or curved, the upper chamber being composed of thin metal 8½ millimetres in diameter, terminating in a round tip with fenestrum for evacuating, the under chamber being semi-cylindrical, fitting under the upper chamber so as to make the whole tube oval shaped, with a diameter of 31½ millimetres. To the under or inflow tube is attached a rubber tube three yards in length, with an inside diameter of one centimetre, to the outer end of which is fitted a metallic strainer large enough to admit without resistance all the water which will flow through the tube. A bucketful of warm carbolized water, 1½ per cent., is hung over the operating table high enough for the surface of the water to be forty-two inches above the pubis of the patient. When it is desired to wash out the bladder, the evacuating tube is introduced with the fenestrum towards the patient's

head and the tip of the tube pressing towards the rectum, thus making a hollow in the bladder into which the fragments of stone fall. The strainer having previously been introduced into the warm carbolized solution and the rubber tube filled, this tube is attached to the inflow tube and the stopcock turned. The water now enters the inflow tube and passes into the bladder through the small perforations with sufficient force to rapidly drive the fragments of stone through the fenestrum and out of the evacuator. The current is continuous and rapid; in a recent case of litholapaxy where the calculus was hard oxalate of lime an inch in diameter, the fragments were washed out in ten seconds. When the inflow tube is closed by a fragment of stone in the fenestrum the operator simply presses on the last four inches of this tube, which is of rubber, and thus dislodges the fragment. Dr. Andrews also called attention to a device for securing to any instrument filiform bougies by means of a split screw passing over the bougie secured by a nut, both fitting into the outer end of the catheter.

Dr. W. T. Belfield opened the discussion by saying that the disadvantages of the ordinary evacuating apparatus mentioned by Dr. Andrews were well recognized, and that the apparatus exhibited seemed adapted to remove them. It possessed, however, one element of danger, namely, the possibility of undue distension of the bladder through sudden clogging of the exit tube. In cases of concentric hypertrophy, where the bladder can contain only three or four ounces, the continuation of the powerful inflow might, if the exit were obstructed, cause serious damage. Of course if the clogging is immediately discovered, a prompt use of the stopcock would prevent injury.

As to the urethral instrument, he would wish to be sure that the filiform could not be detached beyond the stricture. This danger attaches, of course, to all methods of securing the filiform, but would seem to be especially great in the arrangement exhibited. The loss of a filiform in a tight stricture is an extremely uncomfortable accident; in several cases surgeons have even made external urethrotomy to recover it.

To Dr. Andrews's remark that in case of such an accident urethrotomy is readily avoided by inserting a small lithotrite into the bladder and seizing the filiform, Dr. Belfield replied that when there is present a stricture so tight as to require patient work to persuade a filiform to pass, a small lithotrite could hardly enter the bladder unless reinforced by a sledge-hammer. If the urethra is everywhere large enough to admit a small lithotrite, there could be no danger of losing a filiform because there would be no occasion to use one.

Dr. Fenn wished to know, if the momentum could be increased by increasing the specific gravity of the fluid. What would be the effectof a greater elevation of the reservoir?

Dr. Andrews said that the attachment of a flexible guide to the urethrotome is always a source of care lest it become detached. This was less liable to occur with his instrument than in the old way. In case it should happen, the lost guide could be seized and drawn out with a lithotrite.

The question of the pressure of the fluids and the strength of the bladder is one of great interest. But little is known about it. No more force should be used on a distended bladder, certainly, than a normal one could readily endure. We get the measure of this to some extent in the pressure of the expulsive power of the organ, which is a safe limit to keep inside of, in the absence of other data. The pressure which Bigelow's evacuator ordinarily gives, may form another guide, as this is known to be harmless. The reservoir must not be placed so high as to cause dangerous distension, should the outflow tube become obstructed. In practice forty inches had given all the current needed, and this was doubtless a safe pressure to use in any and all cases.

Dr. James I. Tucker read a paper on

Undiagnosable Maladies.

These cases generally are not recorded because there is so little about them that is tangible. They are, perhaps, functional derangements simulating organic diseases, sometimes these cases yielding readily to simple remedies, but puzzling because so evanescent. At other times they are graver, often ending fatally and yielding no facts upon post-mortem examination which will aid in a correct diagnosis. But the list of undiagnosable ailments is rapidly decreasing; for example, Richard Bright, in 1827, explained that dropsical effusions are frequently due to diseases of the kidneys. Thomas Addison, in 1855, ascribed to disease of the suprarenal capsule the cause of a form of anemia accompanied by a dingy discoloration of the skin. Until recently zoster frontalis was classified among skin diseases, but now with much accuracy it is traceable to disease of Gasser's ganglion. Dr. Tucker related a case in which a lady had been twice badly frightened and her nervous system had been severely prostrated. At intervals she was attacked with an epileptiform

seizure, transient paralysis of the entire left half of the body, constriction of the larynx, a state of trance, and finally a trance-like state in which she had died. This patient's mother, after a period of nervous disorder, had become a paraplegic, her father was temporarily insane, the eldest brother has an undefinable nervous disorder, and a younger brother, spasmodic asthma, while a sister has attacks of recurrent chorea major. In this peculiar group of nervous disorders what is the underlying cause? It is as yet unknown. This case illustrated the difficulty which hedges about the diagnostication of hundreds of cases of disease.

Dr. Pearson illustrated the difficulties physicians have to overcome in making a diagnosis by reason of the fact that they overlook some points in the history of a case, as in a case in which a patient had swallowed a piece of a metal spoon and it had lodged in the duodenum and blocked up the portal vein.

Dr. W. T. Belfield presented specimens of

Anchylostomum Duodenale.

These had been referred to him for verification by Dr. R. W. Gelbach, of Mendota, Ill., who had discovered them in the intestines of young cats that had died of anemia. Dr. Belfield confirmed Dr. Gelbach's identification of the worms, but for further verification sent them to Dr. Joseph Leidy, of Philadelphia, who replied he thought they were anchylostoma, although he had never seen authentic examples. Dr. Belfield said the anchylostoma are small nematode worms, about half an inch long, which inhabit the duodenum of men and cats, and probably of other animals. Discovered in 1838, their pathogenic significance was recognized by Griesinger in 1851, who found in them the cause of Egyptian chlorosis. They are veritable leeches which fasten themselves to the intestinal mucous membrane and suck the blood of their host. When present in large numbers they induce pernicious and fatal anemia by exhausting the individual's blood. In tropical climates, particularly Egypt and Brazil, cases of pernicious anemia or chlorosis produced by them are quite frequent; in Brazil such cases are quickly cured by administering the pulp of fresh figs, which destroys the worms. Quite recently, anchylostoma have been searched for and found in patients dead of pernicious anemia in Germany. So far as Dr. Belfield knew, Dr. Gelbach is the first to discover the worms in the northern states of the Union. Their presence in cats makes it probable that they infest human beings also in this latitude. The possibility of this cause of pernicious anemia should, therefore, be kept in mind, especially when other recognized causes—chronic nephritis, malaria, etc.—cannot be detected.

Dr. E. Andrews asked if these worms were ever found in sufficient numbers to cause death, and he was answered affirmatively.

Dr. W. W. Jaggard exhibited the head of the *tenia mediocannelata* obtained in the practice of Dr. C. G. Smith. The following was the formula used:

℞ Chloroformi, - - - - - ʒi.
Oleores. filicis maris, - - ʒi.
Ol. tiglii., - - - - - gtt. i.
Aquæ camphoræ, - - - ʒii.
Gum. acaciæ q. s. ft. emuls.

THE AMERICAN LARYNGOLOGICAL ASSOCIATION.

The eighth annual session held in the hall of the College of Physicians, Philadelphia, May 27, 28 and 29, 1886.

Dr. Harrison Allen of Philadelphia, the President, called the meeting to order.

The first paper read was entitled

Two Instances of Adenoid Disease of the Pharynx which Exhibited Unusual Features.

By Dr. Harrison Allen, of Philadelphia.

The result of operations for the removal of adenoid tissue from the pharynx is usually so excellent that the necessity for a repetition of the operation is said to be seldom met with.

The following cases were related as presenting certain points of interest.

Case I. A. B., age, five years, much emaciated, without appetite, suffering with frequent attacks of indigestion was sent to me in the latter part of January 1884. Examination showed the roof of the mouth to be elevated, but the slightest attempt to depress the tongue was followed by gagging. The nostrils were filled with a mucoid discharge, and a small quantity of a similar discharge was seen in the fauces after gagging during the day, the respiration was not exceedingly difficult, but at night it was greatly impeded. Almost directly after the child fell to sleep, respiration became labored. After three or four inhalations, breathing would cease, the child would open its mouth and make strenous efforts to inspire. The child would then awaken and a forced inspiration ensue. It

would then quickly fall to sleep and the same phenomena would recur and in this manner the entire night would be passed. To these were occasionally added fits of crying and emesis. During an attack of whooping cough the symptoms became much exaggerated and was associated with irregular action of the heart.

Hypertrophy of the adenoid tissue of the pharynx with unusual reflex phenomena was diagnosed. On January 29, with the patient under ether, the operation for the removal of this tissue was performed. An attempt was made to break down this tissue with the finger, but the presence of the finger arrested respiration. Efforts were then made to rasp the growth away with an instrument passed through the nose, but in a short time the patient showed symptoms of depression and the operation was suspended. The pharynx was next seared with the hot wire. During the succeeding five weeks, applications of iodine and glycerine were made, but there was no evident improvement in the breathing at night. The patient was again etherized and the pharynx shown to be empty. Suspecting that the tonsils might be the cause of the difficulty, a portion of each one was excised. Still no improvement followed. A third attempt to detect the cause of the difficulty was made, and it was determined positively that the nostrils were patulous. A careful examination showed that during sleep, the tongue fell backwards, and that this was the essential condition. We then directed that when these attacks came on, the boy should be held with the face downwards. The moment this position was assumed, the child passed into a profound slumber. It was then so arranged that during the entire night, the patient should be watched so that the tongue should not have an opportunity of falling back. This watching was continued for some time. The boy preferred to lie upon his side, but when the attack comes on, turns on his face without awakening. He is now a strong and healthy boy.

Case II. A girl six years of age. The child was cyanotic at birth. When she came under observation, the extremities were cold and of a bluish color, but no difficulty with the heart could be detected. The irritability of the pharynx was excessive. The patient had been twice operated on by other surgeons and it was inferred that an attempt had been made to remove morbid tissue. The patient was etherized with great care, and the entire nasal pharynx found to be much smaller than normal, and its roof was highly arched in form. The posterior slope of the roof was the seat of an adenoid growth. Some were removed by the galvano-cautery passed through the nose. Some of the nodules at the lower border of the pharynx were removed with the scissors.

The patient was much improved, and two weeks later she was again etherized, and it was ascertained that all the nodules had been removed but that the membrane at the roof of the mouth was exceedingly thick and tended to obstruct the passage of air. This was subjected to cauterization in several places. No further efforts were made to reduce the size of the membrane by operation, and the patient was treated as a case of perverted nutrition of the osseous system. Iodine and glycerine were applied locally. Under this treatment gradual improvement in the nasal respiration took place, and at the present time the child appeared to be perfectly recovered.

Discussion.

Dr. Franklin H. Hooper, of Boston.—Ihave had only one case in which any accident followed the operation for removal of adenoid tissue. This was in the case of a little girl eight years of age, of a neurotic temperament and very precocious. Nasal respiration had been obstructed and articulation had been defective since the age of three years. Hearing was also impaired. A large quantity of adenoid tissue was demonstrated. The removal of this was followed by great improvement in breathing and articulation. The breathing did not improve at once, but the use of the Politzer bag resulted in marked improvement. This had been previously tried without effect. From this she began to grow nervous. Eight days after the restoration of hearing, she complained that she could not keep still. In a short time symptoms of chorea developed and gradually increased in intensity. The speech became affected and for over a month she was unable to speak. The chorea assumed an exceedingly severe form. She was unable to sleep. Various remedies were tried without benefit. Finally urethan was suggested. The use of this drug was followed by quiet sleep. Since this time the child has continued to improve and the chorea has now entirely disappeared.

Dr. E. L. Shurly, of Detroit.—Where the galvano-cautery is used, it has been said that there is considerable danger of the ether taking fire when this is used as the anesthetic. I always use chloroform under such circumstances.

Dr. S. W. Langmaid, of Detroit.—In one case coming under my observation, there was

a period of thirty-five seconds between the respirations. In that case, the difficulty was relieved by the patient getting on his hands and knees. This corresponds with the case related. There must have been either a falling back of the tongue or some inhibitory action of the respiratory centre. The removal of the growth did away with the interruption of respiration. I am not aware that much has been said in regard to this interruption or respiration.

Dr. Carl Seiler, of Philadelphia.—Dr. Bosworth, of New York called my attention to the fact that different lines might be drawn on the roof of the pharynx corresponding to different notes of the scale. A swelling in a particular situation will interfere with the production of a certain note. A case illustrating this was seen by me a short time ago. A young lady could not reach the upper notes of the scale. I found a small adenoid growth which I removed with my finger. She is now able to reach every note with the greatest ease.

Dr. Harrison Allen, of Philadelphia, in closing the discussion said: Dr. Hooper's case is an evidence of the way in which the adenoid growths may affect the entire system. His case is noteworthy in view of the fact that the phenomena appeared after the removal of the growth.

With regard to the use of ether, I have not been unaware of the danger, but by fanning the patient for a moment before using the cautery, the vapor of the ether is removed, and I have experienced no difficulty. My early teachings have taught me to be afraid of chloroform, on account of its depressing effects upon the heart.

I have been unable to find on record a case similar to the first one narrated. Dr. Langmaid's case agrees with it in that the difficulty was relieved by change of position.

In a case similar to the one related by Dr. Seiler, I removed a small mass of adenoid tissue, and, although the patient was able to reach the higher notes, she complained of the sensation of a large cavity in the situation from which the mass was removed.

Lupus of the Throat.

By Prof. Ramon De La Sota Y. Lastra, M. D., of Seville, Spain.

The author referred to the difficulty of diagnosis which was experienced in many of these cases, and in illustration related the following: In 1884, I was consulted by a physician on account of an affection of the throat. The patient was much emaciated, reduced in strength, and with a clay colored complexion. He was sixty years of age. The trouble with the throat had commenced one year previously. He was unable to take anything but milk and broths. The tongue was covered with psoriatic scales. The pharynx was lumpy and of a wine red color. The right tonsil was the seat of an ulceration, extending from the pyriform fossa below to the middle of the uvula, and involving half that structure. Its borders were red and swollen, its surface lumpy and irregular, and of a hard and elastic consistence. Some pain was produced by palpation, but no bleeding. There was no trouble while talking or on coughing. Liquids were swallowed without difficulty. Breathing was accomplished with perfect freedom. The sub-maxillary glands were swollen. The patient had suffered from rheumatism, but no history of syphilis could be obtained. Taking into consideration the history of the case and the age of the patient, I considered it an ulcerated epithelioma. This was concurred in by the patient's physician. Nevertheless, mistrusting the testimony obtained, antisyphilitic medication with mercurials was tried. This occasioned such bad results that it was necessary to suspend it. He was then placed upon the use of iron and bitter tonics, and such diet as he could take. The specific treatment was subsequently resumed, but the local lesion assumed such a bad aspect, that it became necessary to give up the treatment. From the fact that the ulceration was unattended by pain, I began to have some doubts as to its epitheliomatous nature. I next prescribed sodium arsenite in ascending doses, with a gargle of resorcin and the use of iodoform on the ulcerated surface after it was washed with a solution of borax. For a month the ulceration continued to extend, and when I had lost all hope, it stopped its progress, and became covered with healthy granulations. Cicatrization went on and was complete in three months. The scar is irregular, elevated and depressed, hard and soft, the posterior portion being adherent to the pharyngeal wall. The lingual psoriasis continued. Restoration to health has taken place. It is now eighteen months since the ulcer healed. With this result, I concluded that the case was one of lupus.

My experience with this and other cases of lupus of the throat has led me to conclude that the disease may make its appearance at any period of life. I have seen it more frequently in adults than in children, and more frequently in men than in women. I have been unable to obtain any information in regard to inheritance. I have not found that

hard drinkers or smokers were more liable to suffer, nor have I found that great exertion of the voice or exposure to irritating substances, the application of the cautery or other agents had any influence in its production.

[TO BE CONTINUED.]

FIRST ANNUAL MEETING OF THE ASSOCIATION OF AMERICAN PHYSICIANS.

To be held at Washington, June 17th and 18th, 1886.

PRELIMINARY PROGRAMME.

THURSDAY, JUNE 17TH—10 A. M.

I. Organization. Address by the President, Francis Delafield, M. D., New York.

II. Knee-Jerk and Muscle-Jerk in Disease. By S. Weir Mitchell, M. D., Philadelphia, in conjunction with Morris J. Lewis, M. D.

III. Typhoid Fever. By F. Peyre Porcher, M. D., Charleston, S. C.

AFTERNOON SESSION.

IV. Spasm of the Larynx in Rickets. By J. T. Whittaker, M. D. Cincinnati, O.

V. Discussion—Does the present state of Knowledge justify a Clinical and Pathological Correlation of Rheumatism, Gout, Diabetes and Chronic Bright's Disease ?

Referee, James Tyson, M. D., Philadelphia. Co-referee, W. H. Draper, M. D., New York.

VI. Notes on some Cases of Diaphragmatic Pleurisy. By. E. T. Bruen, M. D., Philadelphia.

FRIDAY, JUNE 18TH—10 A. M.

VII. Certain elements found in the Blood of Malarial Fever. By W. T. Councilman, M. D., Baltimore.

VIII. Certain Clinical Facts connected with Tabes Dorsalis. By H. N. Lyman, M. D., Chicago.

IX. Diseases of the Appendix Ceci. By Reginald H. Fit, M. D. Boston.

AFTERNOON SESSION.

X. Peri-Uterine Inflammation. By Wm. M. Polk, M. D., New York.

An Experimental Study of Glomerulo-Nephritis. By W. H. Welch, M. D., Johns Hopkins University, Baltimore.

XII. ——— By W. W. Johnson, M. D., Washington.

XIII. Bicuspid Condition of the Semilunar Valves. By William Osler, M. D., Philadelphia.

Other papers are promised.

CORRESPONDENCE.

NEW YORK LETTER.

NEW YORK, June 1, 1886.

Editors Review: Another medical journal has appeared in our midst, entitled "The New York Medical Monthly." It is under the editorial management of Dr. J. Leonard Corning, which is sufficient guarantee that its management will be vigorous, its life long and its columns always interesting. Among its contributors are Drs. Agnew, Fordyce Barker, George H. Fox, A. L. Loomis, F. N. Otis, D. B. St. John Roosa and T. Gaillard Thomas. The first number of the monthly is neat in appearance, and full of interesting matter. Contrary to the usual custom, the editors do not strive to fill a "long-felt" want, but to bring out practical contributions from our leading workers.

The spirit of benevolence toward our medical colleges now seems fully roused. A gentleman, who withholds his name, has recently given one hundred thousand dollars to the University College to erect and endow what shall be known as the "Loomis Laboratory." With all our institutions so well equipped for the prosecution of scientific work,the result of an advance in the standard of medical education should follow. It is rumored that the College of Physicians and Surgeons will shortly help the cause along by requiring an entrance examination and establishing a four years' course.

At the last meeting of the Pathological Society, Dr. H. Marion Sims presented, on behalf of a candidate, a specimen of uterine fibroid, weighing about thirteen pounds, removed from a woman, æt. 33, married thirteen years, but never pregnant. Menstruated once at 14, then flow was absent till 15, when it became regularly established. It generally lasted six days and was profuse. Four years ago, after severe exertion, patient felt something give way. Had pain on left side of navel, and felt a tumor there, which came on gradually, and enlarged, but was not painful. It was now movable, reaching half way from umbilicus to ensiform cartilage and laterally toward iliac fossæ. Uterus seemed to move with it. Patient also had umbilical hernia. Laparotomy was performed. The tubes were thickened and distended with pus. The bladder was spread out over the front of the tumor, which was removed in the

usual manner. She did well till the fourth day, when, after an attempt to move the bowels, she began to sink, and died from heart failure two days later. The autopsy revealed no peritonitis, but there were plastic bands binding down the gut against the pelvic brim.

Dr. Prudden showed a specimen of traumatic perinephritis, followed by tubercular nephritis, and presenting abscesses in the lung, spleen and about the kidney. A perinephritic abscess followed, which was treated by carbolic irrigation. Later the man began to cough, and to have a carbolic acid taste in the mouth. He had gradually failed since. Autopsy showed at base of left lung localized interstitial and intra alveolar pneumonia, with partial organization of products of inflammation in the alveoli. There was also an abscess which communicated with another abscess, opening between the eleventh and twelfth ribs, behind the spleen. There was tubercular tissue in the kidneys, and it was undergoing caseous degeneration. There were no foci of cheesy degeneration in other parts. Dr. Prudden ventured the suggestion that there might have been local infection through the wound.

Dr. Hodenpyl presented the organs taken from a patient who had died of leukemia. There were no special points in the history of the case, which was quite a typical one.

Dr. Jacobi presented specimens from a patient who had inflammation of nearly all the viscera, but who died from the results of multiple stricture of esophagus, necessitating gastrotomy. There was a stricture just above the cardia. Efforts to pass a bougie had failed, but, after death, it was found that there was a pocket beneath the mucous membrane from above the cardia down into the stomach, made, in all probability, by the bougie.

Dr. Herman Knapp presented a specimen of choroid cyclitis, probably congenital.

Dr. Ferguson showed specimens illustrative of cerebral hemorrhage and chronic diffuse nephritis.

At the last meeting of the County Medical Society, Dr. E. B. Ramsdell read a paper on "Disease of the Ear in Childhood." Out of 384 cases he had seen at the Manhattan Hospital, 346 were troubles of the middle ear. These troubles he could divide into two categories, suppurative and non-suppurative. The diagnosis of suppuration could almost invariably be made out from the presence of a discharge. For treatment he recommended hot douching at 120°, with a fountain syringe and cleansing the ear with a 10 per cent. solution of peroxide of hydrogen, followed by the use of soft absorbent cotton, dusting with iodoform or borax, and treating the naso-pharyngeal catarrh, which was so often at the bottom of these cases. Cleanliness, and not drugs, was the prime requisite for suppurative otitis media. He had found glycerite of tannin one of the best agents for the nasal catarrh.

In the discussion which ensued the fact was elicited that most of the physicians present preferred boracic acid to iodoform for purposes of insufflation.

J. E. N.

TREATMENT OF YELLOW FEVER.

CARTHAGE, Mo., May 24, 1886.

Editors Review: In a late number of the REVIEW my attention was attracted to an article headed "New Treatment of Yellow Fever." Being a resident of a yellow fever country I naturally sought, with some avidity, the "new points."

The relation which Dr. Lienias attempts to establish between Dr. Freire's microbe and the symptoms of yellow fever has nothing new about it. The whole matter is very much better and more clearly explained by Freire himself in his "*Memoria sobre as Ptomainas da Febre Amarelal*" published last year. See Chap. IV. "*Parte Pathogenica.*"

A substance resembling black vomit, as also the yellow pigment are developed in the culture fluid by the microbe. I have seen numerous specimens of this black matter in the closed *ballons Pasteur* in Dr. Freire's laboratory. Plates illustrating this may be found between pages 74 and 75 of his "*Doctrine Microbienne.*'

Concerning the new treatment, of course nothing is claimed for the foot-baths, bathing the face, the cooling drinks, or even the quinine, for all these have been used from time immemorial; the tincture of iron, and perhaps the sulphuric acid, are, then, the new features.

Now it is a fact that both these medicines have been in common use in Rio de Janeiro for the past twenty years. Dr. Torres Homeur outlines substantially the same treatment in his classic work on the Fevers of Rio*, giving the iron and quinine in the second period.

Dr. Teixeira advocated the use of tinct. ferri chlo. and lemonade of acid sulph., in 1866.† That iron, quinine and sulphuric acid are in common use may be inferred from the numerous formulæ given for their administration in yellow fever by Silveira‡ and Chernoviz.§

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* Estudo Clinico sobre as Febres de Rio de Janeiro, per Dr. Joso Vicente Tores Homeur, Rio. 1877. f. 221.

† Memoria sobre Febre Amarella per Dr. Jose Maria Teixeira. Rio, 1866, p. 24.

‡ Formularis Magistral de Therapeutics per U. A. de Silveira. Barra Mausa, 1884, pp. 20-24.

§ Formularis i. Guia Medica. Per. Pedro Suiz N. Chernoviz, 11th ed. Paris, 1884, pp. 973-974.

It is stated in this article that "if there is much fever quinine is given night and morning."

The peculiar feature of yellow fever is the rapid development of high temperature and its maintenance during the whole of the first period, and a case of yellow fever without much fever would be an anomaly indeed. It is essentially a remittent fever; that the second period is, therefore, one of remission, goes without saying. This remission may occur in a few hours, very rarely later than the second day. Here of course there is not much fever, here the stomach will retain medicine, and here, if ever, quinine must be administered. It must be, therefore, to this stage, and this alone, that the doctor addresses his treatment. I do not hesitate to say, with a pretty large experience in yellow fever, that a case which, during the prevalence of an epidemic, does not enter convalescence before the third day will never enter it.

A really new treatment is that recently commenced by Dr. Fréire, to-wit, the subcutaneous injection of his attenuated microbe during the first stage of the disease. Seven cases are reported in his last pamphlet entitled, "*Le vaccin de la Fievre Jaune*," a copy of which I send herewith. Since this publication he has treated five more cases, making twelve in all, with one death.

If there is anything new under the sun, it is not in the treatment advocated by Dr. Lienias.

Yours truly,

HORACE M. LANE.

MEDICAL PRACTICE IN NEW ZEALAND.

Dr. Withers, one of our collaborators, of Laurence, New Zealand, informs us that in that colony, with a population of 600,000, there are about 300 duly qualified medical practitioners, being at the rate of one to every 2,000 of the population. Up to the present time there have been several local medical societies, but a strong movement is now on foot for the union of all these into one great medical association. By doing this, considerable influence can be brought to bear on the House of Representatives to promote legislation on matters affecting the profession; and other matters, such as the repression of quackery, will be in responsible hands.

The whole colony is divided into "Charitable Aid Districts," each of which embraces one or more counties, according to their population or requirements, and upon each a tax is levied for the maintenance of hospitals, lunatic asylums and industrial schools, the Government assisting with a subsidy of £1 to £2.

Dr. Withers is surgeon to the County Hospital of Tuapeka, an institution which makes up thirty beds, and has a considerable out-patient department.

Gold mining being one of the principal industries of the county, it necessarily follows that the opportunities for surgical practice are considerable; thus, during the first three months of the present year he has had three cases of compound fracture of the skull, in one of which trephining was necessary, one amputation of the thigh, lower third, two amputations of the hand, three cases of excision of cancer in the face, fracture of the spine in the lower cervical region, with absolute paralysis below that point, and death on the seventeenth day, and several compound fractures of the extremities. He reports that for the last two years his practice has been, to carefully syringe out all wounds with a solution of hydrarg. bichlor. gr. i. in ℥i; to then apply an eight fold pad of muslin spread with an ointment of iodoform and vaseline, covering the whole with a large pad of carbolized cotton wool. Under this treatment he claims to have had the best possible results in every case, without any of the inconvenience of the use of spray and the multitudinous appliances of the old antiseptic treatment.

Phthisis is not very common, but pneumonia sometimes prevails in certain places in almost epidemic form; chronic enlargement of the tonsils is extremely common, and laryngeal affections are not infrequent. Typhoid generally makes its appearance each autumn, and sometimes also towards the latter end of spring, if the season has been dry. There are occasional epidemics of measles, whooping cough and scarlet fever, but diphtheria is very rare, and small-pox has never appeared. Should it, however, do so at any future time, every precaution has been taken to meet it, as the Government stringently enforces the vaccination act, which renders vaccination compulsory, unless a certificate of unfitness is provided by some medical practitioner.

Lunacy is not more common than in other countries, but a considerable proportion of the cases occur among shepherds and miners, who are living a solitary life, to which, and to occasional periods of excessive alcoholic intemperance, it is probably in a great measure due.

In Dunedin, the chief town of Otago, there is a medical school with the necessary staff of professors, each of whom receives an annual salary of £600. The curriculum extends over four years, but most of the students at the end of the second year proceed to England to complete their education either at Cambridge, London or Edinburgh, and hitherto their record at these universities has fully sustained the credit and honor of the school in which they were initiated.

BOOK REVIEWS.

INSANITY AND ITS TREATMENT. By G. Fielding Blandford, M.D., Oxon-Fellow of the Royal College of Physicians, and late Lecturer on Psychological Medicine. Third edition; together with Types of Insanity, an Illustrated Guide on the Physical Diagnosis of Mental Disease, by Allan McLane Hamilton, M. D., one of the consulting physicians to the Insane Asylum of New York City and the Hudson River State Hospital for the Insane, are before us under one cover for review.

These combined volumes are from Wood's Library of Standard Medical Authors, neatly bound in cloth.

Both of the authors are well-known to medical literature and both are practically identified with the departments of Alienism and Neurology. Both are careful clinical observers and worthy of professional credence.

Fielding Blandford's part of the work before us, is written in an easy and familiar style of the English amphitheatre lecture. The views are quite practical and sound, alienists only differing with him on the subject of moral insanity, and even here, the author, if well understood, is only nominally at variance with Maudsley, and Ray, and Prichard.

Referring to Prichard's classical cases he concedes and and states as follows: "That in some of them insanity exists without insane delusions for some time, I admit; but that it existed without alteration or defect of the intelligence, I deny. Whether we choose to call it emotional insanity, or effective or moral, I hold that the intellect is also involved, that we can not divorce the emotional and intellectual function of the mind," etc.

This is not materially different from those, who while they maintain that the intellect is not appreciably deranged in moral or affective insanity, though it may be and is influenced by the disturbed emotion or organic feeling, for the very reason that feeling influences intellectual action in mental disease as in mental health.

Blandford thinks the intellectual area of the mind must be diseased whenever its perceptional or emotional area is disordered; while the advocates of moral insanity would say the derangement of the affective life biases the intellectual, and because of the intimate relationship between the reasoning powers and the feelings, conduct and even reason are swayed in mental disease without the reasoning capacity being destroyed or overthrown. This fact is clearly shown in the correct and wise reasoning beyond the realm of the morbid feeling or emotion, and in the correct reasoning of even the intellectually deranged outside of their special delusion.

One of the chief characteristics of insanity is that it is further from acting as a whole in the insane than in the rational state.

The morally, emotionally, or affectively insane mind is one in which the intellect is morbidly prejudiced by perverted feeling.

Nothing has been added in the present, over previous, English editions of Blandford.

The book is a safe guide in the main to the general practitioner, and greatly simplifies the complex study of mental aberrations.

Types of Insanity is a fitting supplement to this book. The descriptions are good, and concise and practical. Some of the illustrations are really good presentations of types of mental states. But the difficulty of delineating, in a single representative face, distinctive types of mental disease, is very great, and, to our mind, impossible with some forms. Faces of Insane Persons would have been a better title for this book. We regret that the talented and observant author has not given us many more faces of the insane, and we hope he may determine to continue his studies in this direction, and give the profession more of the typical features of morbid mental expression in a future edition.

In all attempts at photographing the physiognomy of mental disease, the almost insurmountable "difficulty of catching the varied and fugitive forms of insanity," as Esquirol wrote, and mirror them in a limited number of faces, forcibly confronts. It is not the author's fault that he has failed to present complete pictures of the facial expression of all the typical forms of insanity. It is a feature of the disease itself, that, as no pen has yet fully described it, no hand has yet fully painted its varied and variable facial expressions.

"In the gestures, movements, looks and general aspects; in his proposal, actions, and shades of conduct, imperceptible to others, the (alienist) physician often derives his first thoughts respecting the treatment which is suited to each patient committed to his care." To do this "we must live with the insane," or be much among them; and, as no picture of any view of the field will fully supply the place of nature, so no painting of any insane face will give a view of any class of the insane so typical as to enable us to dispense with clinical study of the many forms of a type or class.

Dr. Hamilton is entitled to the profession's thanks for these studies. It is to be hoped that he may pursue them further. The field is inviting and comparatively undelineated by the Alienists' brush, and the single faces that he has given us might be enlarged to groups that are typical.

C. H. HUGHES.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service for the Three Weeks Ended May, 22, 1886.

Bailhache, P. H., Surgeon. Detailed as chairman, Board for physical examination of candidates for appointment as cadets, Revenue Marine Service, May 19, 1886.

Wyman, Walter, Surgeon. Granted leave of absence for thirty days, May 1, 1886.

Stoner, G. W., Surgeon. Detailed as recorder, board for physical examination of candidates for appointment as cadets Revenue Marine Service, May 19, 1886.

Banks, C. E., Passed Ass't Surgeon. Leave of absence extended four days, May 5, 1886.

Bratton, W. D., Ass't Surgeon. Detailed as medical officer, Revenue Steamer "Corwin," during cruise, May 22, 1886.

Perry, T. B., Assistant Surgeon. Appointed an assistant surgeon, May 21, 1886.

Assigned to temporary duty at San Francisco, California, May 22, 1886.

NOTES AND ITEMS.

"A chiel's amang you takin' notes,
And, faith, he'll prent 'em."

A Handsome Compliment.

Mr. J. W. Lambert, to whose untiring labor the wonderful success of the Medical Convention is almost wholly due, was yesterday the recipient of an exquisite watch, which was presented to him by the arrangement committee as a token of their appreciation. During the morning Mr. Lambert received a note, asking him to call at the office of the chairman of the committee, who addressed him in a neat speech, telling him how amply the arrangement committee were indebted to him for the successful meeting they had had. How, when everything foretold a failure, he had been called on. He had responded to the call, and earnestly and unselfishly worked for them. He spoke in the most complimentary manner of the modesty that characterized Mr. Lambert's labors. He said that during the entire time he had kept himself in background, never thrusting himself forward or seeking notoriety, but quietly doing the work while others bore the honors. In conclusion he said that the committee felt that nothing they could do would absolve them from the debt of gratitude they owe him, nor did they desire to be absolved, but the feeling of them all was, that their greatest pleasure would be to present him with a token of their esteem and appreciation.

Mr. Lambert thanked the committee for the present and the kind feeling that prompted it. He did not think that the work he had done was commensurate with the reward, but appreciated highly their estimation of it, and said that he would ever hold it as a pleasing memento of the occasion and hand it down to his children with pride. Dr. McPheeters then addressed Mr. Lambert with a few complimentary remarks.

The watch is one of Jurgensen's repeaters, and has on the outside of the case the monogram, "J. W. L.," and within the inscription "To J. W. Lambert, from the Entertainment Committee, A. M. A., 1886."

The recipient first organized the Citizens' Committee and personally secured most of the money raised by that committee. In one day he obtained more than half the amount that was raised altogether. He alone attended to all the arrangements for the magnificent reception which was tendered the physicians, and he carried them to perfection unaided.—Globe-Democrat, May 28, 1886.

—Reception to Dr. Holmes.—There was a large gathering at the St. George's Club in London, on the evening of May 24th, to welcome Dr. Oliver Wendell Holmes. Among those present were United States Minister Phelps, Commissioner Van Wagner, Consul-general Walker, Vice-consul-general Penfield, James Russell Lowell, Charles Russell, M. P., Consul Bret Harte, the Dukes of Argyle, Westminster and Manchester, Lord Napier, Sir Arthur Sullivan, Sir John Nullars and Henry Irving.—Medical News.

—At a recent meeting of the Directors of St. Luke's Hospital, all of the medical and surgical staff were re-elected. St. Luke's is a model hospital under the care of the Sisters of the Good Shepherd (Episcopal). St. Louis is fortunate in having such hospitals as St. Luke's and the Protestant. There are a number of good hospitals in our city and special mention will be made of them at an early date.

—The New York University Medical College has just received a gift of $100,000 for the construction and maintenhnce of a laboratory building, to be known as the Loomis Laboratory. The generous donor has requested that his name be not made public.

—Portal obstruction—an impassable gateway.

BOSTON MEDICAL LIBRARY ASSOCIATION AUG 3 1886

THE WEEKLY MEDICAL REVIEW.

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REPORTS ON PROGRESS.

REPORT ON OPHTHALMOLOGY.

By ADOLF ALT, M. D.

I. LEUCORRHEA AS THE CAUSE OF A RECENT EPIDEMIC OF PURULENT OPHTHALMIA.—W. M. Leszynsky, *New York Medical Journal*, March 26, 1886.

II. NOTES ON THE USE OF LANOLIN IN THE OPHTHALMIC PRACTICE.—M. Landesberg, *Medical and Surgical Reporter*, April 10, 1886.

III. LA POUDRE DE JEQUIRITY.—Dujardin, *Revue Clinique d'oculistique*, March, 1886.

LEUCORRHEA, THE CAUSE OF PURULENT OPHTHALMIA.

Dr. Leszynsky, in a paper read before the Clinical Society of the New York Post-Graduate Medical School and Hospital, adds another to the recent valuable investigations as to the origin of epidemics of eye diseases in charitable institutions. The following are his statements:

On the 1st day of January, 1886, in my capacity as attending physician, I assumed charge of one of our city charitable institutions for the care of children. The number of inmates was 212, whose ages ranged from three to fifteen years, 100 being girls over eight years of age, and the remaining 112 male and female children under five years. I found fifteen of the small children suffering from purulent ophthalmia, seven of whom were confined to bed. All of the small children had catarrhal conjunctivitis more or less marked (three being also affected with phlyctenular conjunctivitis, and five with blepharitis.)

Thirty-eight of the large girls were similarly affected, but none had contracted ophthalmia.

Leucorrhea was present in twenty-two small girls and in thirteen large ones. Within a few days subsequently seven additional cases of purulent ophthalmia presented themselves. At this time the cornea was involved in two cases, in one of whom both corneæ were ulcerated.

Upon inquiry and investigation as to the origin of this epidemic, I learned that during the month of November, 1885, there were seven cases of "mild" conjunctivitis, the number increasing to nearly sixty by the 1st of December. The first cases of purulent ophthalmia became manifest on the 24th of December, and a few days later six additional children were affected.

The first cases occurred in children who were the subjects of scrofulosis and anemia, and a profuse leucorrhea. This discharge from the vulva became very irritating and produced excessive pruritus, causing the unfortunate children to be frequently "disciplined" in order to prevent them from "indulging in pernicious habits," as they were repeatedly "caught in the act" of rubbing and scratching the parts with their fingers. I believe that the ophthalmia in these cases was caused by the direct contact of the pus from the vulva, the fingers of the child being the medium for conveyance.

As all of the female children having ophthalmia were also suffering from purulent vulvitis, it would be reasonable to assume that this was the only source of contagion in every instance, and that they were all cases of auto-inoculation, were it not for the fact that

four of the male children also had ophthalmia.

It is obvious that in these cases other factors must have been active in the propagation of the disease. The water-closets and drains were in good order, and the means for ventilation were satisfactory.

I discovered that towels and wash-rags, although sufficient in number, had been used indiscriminately; that the first four cases of purulent ophthalmia were but partially isolated, as the attendants continued in direct communication with the other children without adequate precautionary measures as to cleanliness and disinfection, and that no systematic plan of treatment or isolation had been adopted.

There was no evidence to justify me in believing the vaginitis or vulvitis to be of a "specific" nature.

I must acknowledge that a microscopical examination of the discharge, with a hope of discovering a coccus, was not made. In fact, the only cause that could be ascertained was scrofulosis and anemia, and possibly personal uncleanliness.

If we remember that nearly all of these children were former or recent residents in the slums of the city, and that their environment was such as to promote progressive deterioration of nutrition and the development of constitutional disease, it is not surprising that such a suppurative diathesis (if I may use such a descriptive expression) manifests itself and persists for a long time, in spite of a change to better hygienic surroundings.

Recognizing the gravity of the situation and the importance of prompt action, the ophthalmia patients were at once quarantined and my directions efficiently carried out by the co-operation of ten reliable trained nurses, all of whom had special experience in the care of this class of cases.

Each and every child having catarrhal conjunctivitis, etc., was placed under suitable treatment and observation. In nearly forty of the children who were examined on the 1st of January the palpebral conjunctiva was granular and succulent. I mention these cases, as they looked very suggestive of beginning trachoma. They recovered after ten days' treatment.

The most rigid discipline was established among the attendants in regard to the use of towels, wash-basins, etc. Wash-rags were destroyed and their employment discontinued.

As there was a superabundance of towels furnished by the managers, it was directed that each child should have a separate one, and as soon as the towel had been used it should be thrown into a large hamper provided for the purpose, and that no towel should, under any circumstances, be again made use of until it had been thoroughly boiled and washed. These orders were faithfully and energetically complied with.

It is only fair to state that the children in this asylum are well-fed and properly clothed, and as generally well cared for as in other similar domiciles; but the advantage of having good food and suitable clothing is neutralized by the overcrowded condition of the dormitories. As in all charitable institutions of its kind, no special means had been adopted for the purpose of preventing the development and spread of eye diseases among the inmates, until it became startlingly and painfully evident that contagious eye disease positively existed, and then adequate facilities for isolation were immediately and liberally provided.

In twelve of the earliest patients the chemosis of the conjunctiva was so great that the cornea could not be inspected without the aid of the lid elevator. * * *

* * * I cannot too forcibly emphasize the significance of so serious an element in the causation of this epidemic as the co-existence of leucorrhea in the majority of those affected, and would especially direct your attention to the first series of cases in whose history presumptive evidence was forth-coming to justify me in expressing the belief that the primary cause of the ophthalmia was self-contamination through the purulent vulvitis.

Fully recognizing the danger to vision likely to arise as a result of purulent ophthalmia, it seems to me, from the clinical facts

above reported, that, at the present time, while so much agitation and so much activity is being practically demonstrated for the benefit and protection of children in our public institutions, the importance of an examination as to the existence of leucorrhea can not be overestimated, and should constitute an essential part of such investigation.

USE OF LANOLIN IN OPHTHALMIC PRACTICE.

Dr. Landesberg gives the following as his experience with lanolin:

Lanolin, a compound of cholesterin-fat and water (30 per cent), which has lately been recommended by Liebreich as a new base for ointments, is the product of the natural sheep's wool fat, and presents a perfectly neutral substance, which will neither decompose nor ever become rancid. It far surpasses all other fatty matters and cosmoline preparations by its high capacity of being absorbed by the skin, which gives it at once the preeminence over other vehicles for ointments, which have been used until now. The superiority over cosmoline as a base for eye ointments I can attest by my own experiments, having exclusively used lanolin for the last two months in all instances in which I had formerly resorted to cosmoline. The lanolin ointment being more consistent than the cosmoline ointment does not melt so easily when applied to the eye-ball, and is for this very reason more pronounced in its topical action. It can be rubbed in so completely that hardly any fatty gloss remains to show the application without irritating in the least even the most sensitive eye. As the capacity of lanolin for water is very great, any residue or surplus of the ointment can easily be removed from the eye by subsequent irrigation. Druggists highly praise lanolin for its property to combine more thoroughly than any other vehicle with the medicaments, by which they are enabled to compound an ointment which for homogeneity will answer the most idealistic expectations. Besides for eye ointments, I have used lanolin as a vehicle for ointments with zinc, belladonna, aconite, veratria, and oleate of mercury, the latter of which I almost exclusively use in my private practice instead of the mercurial ointment for inunctions. The superiority of lanolin over all other vehicles in these instances has also been proved in these experiments. The only caution we have to take is to prescribe smaller doses of heroic remedies for ointments with lanolin, as the latter, as it has been stated above, is so readily and completely absorbed by the skin.

[The writer of this report is sorry to state that from his experience with lanolin, extending over a period of two months, he cannot fully subscribe to the foregoing statements. The very fact that lanolin is more consistent than cosmoline, is against it. In affections of the cornea, it does not seem, therefore, to act as well as cosmoline, since, before it is perfectly absorbed, it is washed out of the conjunctival sac by the lachrymal secretion. The writer can, however, state, that in affections of the lids, and especially in blepharitis ciliaris, lanolin seems to be superior to any basis thus far known. Therefore, he has returned to cosmoline for ointments used in the treatment of corneal affections, but has given lanolin a lasting place in the treatment by ointment of lid affections.]

JEQUIRITY POWDER.

Dr. Dujardin, in recommending the use of powdered jequirity in the treatment of trachoma, states the following:

The question of the use of jequirity, now almost three years old, is not yet solved. He would be sorely puzzled who, without any experience of his own, should try to form an opinion concerning the value of this drug from so many contradictory statements which he may find at every step in the abundant literature of this subject.

For the ones jequirity is a most dangerous remedy, the use of which ought not only to be abrogated, but even prohibited on account of the disasters which follow its therapeutic application. Vossius, of Koenigsberg absolutely condemns jequirity after a series of grave results. * * *

* * * It would be best to quickly forget

jequirity, if all experiments with it had led to as unhappy results as have those of the German surgeon. This not being the case, we will go to the partisans of jequirity, and here we find enthusiasts, especially Copper, (of Brussels). * * *

* * * We have ourselves very largely experimented with jequirity since the first few days after its introduction into the therapeutics of ocular affections. We had excellent opportunities in our department of the North, which is so full of people suffering from trachoma. In the *Journal des Sciences Médicales* of Lille, (June, 1883) we have related our first experiences which were undoubtedly happy ones, yet we did not allow ourselves to be carried to the unbounded enthusiasm of De Wecker, who saw as certain a specific in jequirity against granular ophthalmia, as in quinine against malarial infection.

We had found that the jequirity ophthalmia had an especial and powerful action in clearing up the pannus. Its effects on the granules in the conjunctiva, in a great many cases, appeared to us as almost *nil.*

* * * We said, therefore, in a general way that we were tempted to believe that jequirity acted well upon the granular keratitis and very little upon the granular conjunctivitis, especially where there was a certain degree of hypertrophy of the granulations(!) * * *

After a three years' experience we are not only not forced to renounce the conclusions drawn in our first paper, but, on the contrary, we must uphold them perfectly. Especially in the cases of old trachoma, when the granulations of the conjunctiva have begun to become atrophic, and where there is a discouraging corneal trouble, it is well to have recourse to jequirity as a heroic remedy. * * *

* * * But it is not necessary to reserve jequirity for these cases only. When there are combined with the pannus of the cornea, projecting granules in the conjunctiva, the jequirity may also be applied with great advantage. It will give back to the cornea a part of its transparency, but it will leave the granules about in the same state as they were before. The common caustics, the sulphate of copper, the nitrate of silver, the hydrochlorate of mercury, will finish the work so happily begun with the aid of jequirity, and by this mixed treatment, the healing, otherwise so prolonged, will be materially shortened. This result is also a valuable one.

After having used at first the weak macerations of jequirity, recommended by De Wecker, we have dared to use more concentrated preparations, five or six per cent, without, however, reaching ten per cent, as Copper advised. * * *

* * * A serious objection to macerations of the jequirity is their rapid disintegration in spite of all precautions, as the addition of boracic acid, salicylic acid, creasote, etc. * * *

* * * We have never seen any accident due to the use of this remedy, although we have treated more than one hundred cases with strong macerations of jequirity, of six and even seven per cent. The success remained often behind our hopes, but never have the eyes which were treated with jequirity suffered any damage from this agent.

It was, therefore, not this consideration which prompted us to use the jequirity powder, but the annoyance caused by having to prepare a fresh maceration for almost every patient, in order to get a good effect.

Instead of applying the powder directly to the conjunctiva, we prefer to dust it onto the inner surface of the lids with a camel's hair brush. The eye is then allowed to rest for a few minutes. The mechanical action of the powder causes some redness and lachrymation, but no pain worth mentioning. We usually apply it a second time, and even a third time, when we think it necessary to cause a violent inflammation. Before sending the patient to his home, we take the precaution to wipe all powder collected in the lower conjunctival fornix, away with the finger, as a jequiritic eschara in this location might cause the formation of a symblepharon and even of a certain degree of entropium of the lower lid.

About thirty patients have been thus treated, and all except the first few, have not

been kept in the infirmary, but have been sent home with a simple treatment with sulphate of copper or nitrate of silver. The lack of sufficient space forced us to act in this way. Their stay in the hospital would of course, be preferable. * * *

* * * We have to state here, that the jequirity powder, dusted twice or three times into the eyes, as described above, within a quarter of an hour, develops a jequiritic inflammation, which is at least equal in intensity and in duration to the one resulting from the use of a five per cent maceration. In this we differ from A. Alt's opinion, and this difference is undoubtedly due to the fact, that we use the powder much more freely than he does, since he makes only one application and that even limited to one or the other lid. With these reservations we agree with the American surgeon in proclaiming the superiority of this new method of the application of jequirity. It seems to us that the powder is called upon to take the place of the macerations which have, until now, almost exclusively been used by those who had confidence in jequiritism.

[Dr. Dujardin's article was called forth by the reporter's paper on the use of jequirity powder, in the *American Journal of Ophthalmology*, November, 1885. We are glad to learn that, although the mode of use is different, Dr. Dujardin has come to the same conclusions embodied in the paper referred to. We are confident, for other reasons, that the use of the powder will supersede the use of macerations. (See *Journal of Ophthalmology*, Nov., 1885.)]

—The next "Fortnightly Review" will contain an article from the pen of Dr. Morell Mackenzie.

—A Liberal Offer.—The editor of a newspaper in this State thus appeals to his delinquent subscribers: "To all those who are in arrears one year or more, who will come forward and pay up arrearages and for a year in advance, we will give a first-rate obituary notice gratis in case it kills them."—The "Sunny South."

[We will be happy to furnish an obituary notice for those who do not pay up.]

REPORT ON ORTHOPEDIC SURGERY.

By H. Hodgen, M. D.

I. The New York Orthopedic Hospital and Dispensary.

II. Osteotomy for Bow-Legs. Dr. Charles McBurney, St. Luke's Hospital, New York.

III. Orthopedic Section of the New York Academy of Medicine.

IV. Double Congenital Equino-Varus.—Orthopedic Hospital and Dispensary.

V. Abscess from Hip-Joint Disease.—N. Y. Orthopedic Hospital and Dispensary.

The New York Orthopedic Hospital.

The staff of this institution is as follows: Dr. N. M. Shaffer, of 31 E. 36th Street, is the surgeon in charge. Drs. S. Ketch and T. L. Stedman are attending surgeons. These last named gentlemen alternate in their attendance in the dispensary.

Dr. Dillon Brown, House Surgeon, resides in the building, and keeps the records.

Drs. Knickerbocker and Hotchkiss are the out door assistant surgeons.

Dr. Berg is the electro-therapeutist, and in attendance every afternoon, except Sunday.

Dr. J. T. Riddlin, out door visiting surgeon.

This institution is located at 126 E. 59th street, and is a handsome three-story building. On the first floor are the clinic rooms, which consist of four good sized rooms. The front room is used by Dr. Berg, and contains the batteries; the second, a waiting room, the third, a consultation room, and the fourth, the room in which the appliances are put on the patients. Below the last-named room is the shop, with its machines and tools, and in this shop three first class instrument makers are kept constantly at work, making and repairing apparatus. Below this is the engine and boiler room. On the second floor is a ward for boys, containing twenty beds, with a play-room back; also the quarters of the resident assistant, Dr. Berg. The third floor is

arranged on the same plan with wards for about thirty, and play-room back, this being the girls' ward. There is a trained nurse to each floor. In all of my life I have yet to see fifty children with knee, hip and back troubles in all its various forms, who are so bright, noisy and happy as those I see there every day.

For support of the spine Dr. Shaffer uses the malleable steel, tempered under his own direction, and is not in favor of plaster-of-Paris when the metal can be obtained (will give a description of his apparatus at some future times), nor is he in favor of interfering with an abscess from caries of hip or spine, until the operative treatment is absolutely demanded. In these two last particulars I can but take exceptions, but to judge from the results, as seen at this hospital, one is forced to believe that in the hands of Dr. Shaffer these are the proper modes of treatment, as no person could possibly have better results than those I saw, both in his private practice and in the hospital. With the exception of one bed this is a free hospital. The entire hospital, so far as the treatment is concerned, is under the immediate supervision of Dr. Shaffer, the Board of Directors confirming his nominations for all positions under him. In addition there is a Board of Trustees. The daily attendance at the dispensary is thirty-five, and these come not alone from New York City, but from the counties around, and from neighboring states. The poor are supplied with instruments free, those who are able are charged enough only to cover the actual cost of making. The services of the physician is wholly gratuitous. The service of the assistants is not changed very frequently, one of their number having been there for seven years, and the others for periods varying from one to that number of years. The records of the patients are the most perfect that one could possibly conceive of, including not only the history, most minute, of the patient, but also of father, mother, sisters and brothers. I shall also be with Gibney, Taylor and Jacobson, and from time to time give their methods.

Osteotomy for Bow-Legs.

Dr. Charles McBurney, St. Luke's Hospital, New York.

I had the pleasure of seeing Dr. McBurney make an osteotomy for the correction of bow legs. The operation was made upon the left leg, the right having been operated upon five weeks before, and healing under one dressing.

The concavity looked inward and backward, and I am satisfied if the femora, had been placed parallel before the first operation the legs would have crossed at a very obtuse angle. An incision across the line of the tibia, about its middle, and extending from the anterior to the inner edge, was made down to the bone, an Esmarch's bandage first being applied, the periosteum being elevated for about half an inch, then the marking of the sides of the base of the wedge was done simple through the shell. This being removed, the rest of the wedge was removed, the angle of the wedge corresponding to the concavity, the base to the convexity. The curving of the legs being double, antero-lateral, the base of the wedge was in front and to the outside, the apex posteriorly and inward. An incision was then made over the fibula in the line of its length, and this was partly or wholly cut through. Both bones were then broken, and the parts came together perfectly and the leg was straight. The bandage being removed, and there being no bleeding, the periosteum was united by two or three cat gut sutures, and the rest of the tissues by another set of sutures. Iodoform being dusted on, the dressing was completed by pads of iodoform gauze, sublimate gauze, (not pads but binders) absorbent cotton and common cotton over this, the ordinary plaster of Paris dressing extending from the toes nearly to the perineum. This dressing will not be disturbed, the patient doing well, for two weeks; at that time the splint of plaster will be removed and replaced by another of plaster. After the division of the soft parts the entire work was done with chisels, the cutting edge corresponding with the openings in the skin. In all of Dr. McBurney's operations the most strict antisepsis is

observed, and he does not seem to dread suppuration. The doctor is one of the most pleasant operators I have ever had the good fortune to see. All instruments are handled with the lightness of a feather and yet always doing their work; there is no fuss or fume, no hurry and no harsh words to the assistants or employees.

The Orthopedic Section of the New York Academy of Medicine.

Of this section Dr. Shaffer is chairman, and Dr. Stedman, secretary. The meetings are held in one of the small rooms of the Academy building. Dr. Louis Sayre was present with his two sons, one of whom, Dr. Reginald Sayre, read the paper of the evening. The subject of this paper was "The Immediate Restoration of Parts to their Normal Position after Tenotomy." The author took the position that "immediate restoration" was the proper operation in all cases where this could be done without danger of injury to nerves or vessels. The most noticeable exception to the rule was in case of the knee-joint, where the sudden restoration might injure the vessels or the nerves in the popliteal space. Spasm following joint pressure, it was claimed, is the indication for the operation, and the proper place at which to make the section. There was but one case stated in which there had not been union of the divided tendon. The gradual reduction of the deformity was allowable in case of spastic contracture. A case of equino, operated upon twenty days before, was shown, and the result was perfect. Dr. Reginald Sayre then presented an apparatus for the retention of the head following the operation of tenotomy for wry neck, which consisted of a modified Sayre's jury mast, the mast being cut off at the middle of the back of the head, and a tin strip long enough to encircle the head from the occiput to frontal, was riveted at right angles to the mast, but so it would move, after the application of the jacket, and the mast having been adjusted, in the application of the tin strip to the head in its normal relation, the jersey cap was made use of to protect the head and the strip was held in place by a few turns of the plaster bandage. The only advantage claimed for this apparatus was economy.

Equino-Varus Double—Orthopedic Hospital, New York.

Patient female, æt. 20 years, well formed with the exception of the double equino-varus, which was of twenty years standing, nothing ever having been done for her relief, had gradually grown worse, until the patient walked on the dorsum of the fourth and fifth toes and nearly on the outer malleoli. The os calcis was slightly rotated inward. The most of the deformity existed between the articulation of the astragalus and os calcis behind and the cuboid and scaphoid in front. The plantar fascia was shortened very much and behind, just in front of the inner tuberosity of the os calcis, was gathered into a great bundle. The tendo Achillis was slightly contracted. The cuboid was very prominent, and over it was developed one of the largest bursæ I have ever seen. The outer side of the dorsum was protected at every prominent point by callosities. The girl stated that she could walk for two or three miles very well. Sometimes the bursæ would become inflamed and she would be compelled to stop work, but she was earning her own living, and had done so for some years. It was notable how well she walked for one so deformed. There being no hope of cure in this case by simple traction, she was sent to St. Luke's to be operated upon. The operation will be this—all of the contracted tissues in front of the os calcis will be cut and the foot pushed around in its proper relation. This not being possible a part of the prominent cuboid will be removed, the foot placed in plaster and allowed to stay for two or three weeks. It will then be removed and Dr. Shaffer's traction shoe used, the tendo Achillis being cut if it offers much resistance. The time consumed in the correction of the deformity will probably be four months. I saw in the Hospital a case which Dr. Shaffer told me was about the same: now the feet are almost

perfect. In the case of the young lady, all of the deformity is below the articulation of the tibia and fibula with the astragalus.

Abscess from Hip-Joint Disease.—Orthopedic Hospital, New York.

Patient female, æt. 7 years. Right hip had been diseased for two years. Abscess extending from the trochanter to the patella. The abscess at first probably held a pint and a half. This was partly removed by the aspirator some months ago. Two weeks after the first aspiration, it was deemed best to repeat the operation, and again all of the pus that could be with-drawn was removed, but the needle soon becoming clogged, by thick cheesy pus, the operation for the removal of all was abandoned. The long hip splint was again adjusted, and is still kept on. At this time the pus is confined between the middle of the thigh and the patella, and in no way can any connection between the joint and the abscess cavity be demonstrated. The abscess has not increased, nor has it materially diminished in size: there is no pain, redness nor heat. Were this case in my care, I most certainly should remove the pus with the aspirator, or failing in this would open the cavity and wash out with carbolic acid solution and expect the walls to adhere. The patient is in good health now and has been ever since the last operation.

—"The Weekly Medical Review tendered a banquet to the visiting editors at the recent St. Louis meeting of the American Medical Association. The "Medical Press" was not forgotten in the invitations, and its editor hereby returns his thanks for the fraternal courtesy. From all accounts those who attended had a most enjoyable time.

"For the Review this journal must always have a most friendly feeling, since its editor was for some time—a few years ago—one of the editors of the former; and we have watched its progress with no small interest. Nevertheless, in the name of accuracy, we protest against its allusion to our friend, Dr. Watson, of Jersey City, as the author of a monogram on amputations!"

[We would remind our good friend from Buffalo that the *monogram* was the initial essay of Dr. Watson on the subject.]

ORIGINAL ARTICLE.

THE EARLY DIAGNOSIS OF PREGNANCY

BY E. S. MCKEE, M. D., CINCINNATI, O.

Abstract of a paper read in the Section on Obstetrics and Diseases of Women, American Medical Association.

The author considered the Opprobrium Obstetrici our inability to make a prompt and positive diagnosis of early pregnancy. Reliable evidence is sadly deficient in the first months. This fact in mind, he turned his attention to the symptoms of the first trimestrium, particularly those of late discovery. First were considered those signs which might occur at the time of conception. A number were mentioned, but the only one thought to be of any value was the peculiar voluptuous sensation and more general erethism experienced on fruitful intercourse. An enumeration of the symptoms of early pregnancy, generally known, was then made. What was true of the first of these, absence of menstruation, was true of them all, viz., there were numerous exceptions to any one of them, and the same condition might be produced by other causes. Hence very unreliable testimony.

Among the later signs was mentioned that of Jacquemier, the slate or purple color of the vagina. Anything which impedes the circulation may cause this appearance. Dr. Joseph Taber Johnson has made a good suggestion. He thinks the principle of the telephone could be used to hear, much earlier than usual, the feeble sounds of the fetal circulation. Dr. S. C. Dunn thinks he can diagnose pregnancy as early as the fourth week by the odor of the vernix caseosa upon the examining finger. Dr. E. C. Gehrung was able to make the diagnosis by the fifth or sixth week by the sensation imparted on touching the ovum with the sound. This is rightly condemned as dangerous practice, while it may be simulated by a polypus or other foreign body in the uterine cavity, and in the early weeks the ovum is only attached to parts of the uterine walls, and the sound may glide by. Pinard and Didsbury have treated of a gingivitis which begins about the second month. Jerrisenne, basing his observations on the law formulated by Graves, that in hypertrophy of the heart, the radial pulse remains the same, whatever the position of the body, maintained that instead of the

usual variation of from ten to twenty beats in the nonpregnant woman, the pulse in the impregnated remains the same. The essayist and others had investigated this symptom and found it quite unreliable. Dr. H. D. Fry thinks that a rise in temperature in the cervix to one degree or more above the temperature of the axilla, is a strong presumptive evidence of impregnation, provided there is no local disease. The author had found this true, but had found the rise of temperature in the vagina to be of less value.

Hegar's sign the author considered of great promise. This sign consists of an unusual resilience, compressibility, softness, bagginess, yielding and thinning of the lower uterine segment, that is, the section immediately above the insertion of the ligamenta sacro-uterina. This condition is not alone present when the remainder of the body, as is often the case, is firm and hard, but also quite prominent when this is soft and elastic. The shape assumed is fan like, or that of a balloon, more than the usual pear shape. It has also been termed an old fashioned fat-bellied jug. This enlargement is especially marked antero-posteriorly. The change is most apparent at the middle portion of the lower segment and in the median line, the sides of the organ being much firmer and more resisting.

Compes makes the examination as follows: The thumb is introduced into the vagina until it reaches the cervix, and the index into the rectum until it reaches beyond the ligamenta sacro-uterina; the other hand is placed over the abdomen, immediately above the symphysis and pressed down towards the finger in the rectum. The rectal finger explores the cervix and the lower uterine segment in all its parts, and lastly, the higher parts of the uterus. The examination is facilitated by pulling down the uterus with vulsella and evacuating the bladder and rectum.

While this is undoubtedly a very thorough mode of examination, it is repulsive both to the patient and physician, as well as a difficult and hazardous procedure. It is certainly possible, in a great majority of cases, to make out all that is necessary, with the finger in one of the culs de sac and the other hand externally. In urgent cases, where this does not satisfy the physician, it would be quite proper to make the examination as above described.

Compes has examined a number of women, found the sign present, then put them under an anesthetic and still found it present. He says the softened and enlarged uterine segment above the cervix has often been mistaken for a tumor, and that, in fact, laparotomy has been performed under this delusion.

There are two states which may simulate this condition, viz: distended bladder, and the uterus distended with menstrual blood. A distended bladder can and should be evacuated. An imperforate hymen or vagina or the history of the case would soon dispel the other question. Hyperplasia would show increased density. Subinvolution increases the longitudinal as well as the transverse diameters. The obstructed circulation from an anteflexed uterus does not impart that feeling of resiliency and compressibility. In marked retroversion it is more difficult to palpate the corpus uteri, and the sign may fail. Here also it is proper to examine per rectum.

Dr. Reinl, formerly assistant to Hegar, has reported six cases in the literature, and by letter he tells of extended experience as follows: Among twenty-two cases I missed this sign but twice, and found it earliest in the fifth week of pregnancy, a primipara and a very near relation.

Dr. Compes, present assistant to Hegar, reports eight cases.

Dr. E. H. Grandin, of New York, has reported twelve cases. In a letter to me since this report he says: Since the writing of my paper I have had eight additional cases all corroborated, and one of these a case of retroversion. * * * Personally, therefore, I record myself as being able to make the diagnosis prior to the eighth week by Hegar's sign alone.

My own experience has been so recent that most of my cases have not yet had time to be corroborated. I will mention but two, one in which the sign was absent, one in which it was present.

Case I. Mrs. B., a widow, æt. 37, came to me March 20th 1886. She acknowledged the opportunity, and feared herself pregnant, not having seen her menses for twelve weeks. I examined her for Hegar's sign, but failed to find it. I told her I did not think her pregnant, gave her Tr. Ferri Chloridi, and asked her to return in a few days. She returned three times, each time expressing great fears of pregnancy. Each time I examined her, failed to find Hegar's sign, assured her she was not pregnant, and continued the iron. April 1st, the menses reappeared and were normal in amount and duration.

Case II. Mrs. R., a young married woman æt. 20, a delicate blonde, the mother of one child æt. 2 years. She had been absent from her husband four months visiting her parents at Washington, D. C. She last had her

menses January 15th, continuing five days, normal in amount and conduct. She returned to Cincinnati and her husband Feb. 9th. March 5th, Dr. Ransohoff was called, and finding the case gynecological referred her to me. She had not had a return of her menses since the middle of January. The nature of her case required a digital and specular examination once, twice, or thrice weekly. March 10th. She was slightly sick at the stomach. This had not occured before and did not recur, nor any other sign indicating pregnancy, besides the cessation of the menses, before the sixth week after her return to her husband. During the sixth week I made three careful vaginal examinations, and at each one was sure I found Hegar's sign present. I assured the patient that I was quite confirmed in the belief that I had frequently expressed to her, viz., That she was pregnant.

On the 30th of March she complained of not feeling well. On the morning of March 31st, the forty-eighth day after her return, she passed a large quantity of blood and a membrane which she saved and showed me. This proved to be the major portion of an ovum, the remainder of which was found within the vagina.

Dr. Palmer, of Cincinnati, informs me that he regards Hegar's sign as possessing the greatest value in diagnosticating early pregnancy, especially taken in conjunction with the change of position, at first sagging, then increasing anteversion at the end of the second and during the third month, both incident, of course, to pregnancy.

There remains to us, then, to again lament our inability, in many cases, to make a positive diagnosis of early pregnancy, to mourn the fallibility of many of the new and all of the old symptoms,to especially recommend the sign of Hegar, which until now has proven itself impregnable, and to plead for investigators in a field which should not be, "barren or unfruitful."

EDITORIAL NOTES.

Egg Poisoning.—Jonathan Hutchinson is contributing to the *British Medical Journal* Illustrations of Exceptional Symptoms and Examples of Rare Forms of Disease. He relates the following remarkable example of egg-poisoning: A young married lady, whom I was advising as to diet, remarked to me "eggs, in the very smallest quantities, are poisonous to me." She said that a sister of hers had precisely the same peculiarity, and that neither of them could take eggs in any form, or any quantity, without experiencing inconvenience. The symptoms produced were exactly those which I have noted in other cases. About an hour after taking the egg, a feeling of heat and discomfort would begin at the epigastrium, which would gradually spread over the whole abdomen. Sometimes there would be a feeling of nausea, but never actual sickness. The discomfort, which was often extreme, would last from a few hours to the whole of the day. Both the sisters had been aware of the peculiarity from childhood. It did not exist in their parents; and there was no tradition as to its having occurred in former generations. A physician, under whose care Mrs. ——— had formerly been, had advised her to overcome it, and to accustom herself to small quantities of egg taken in coffee, and the like. She had found it quite impossible to follow his advice, the wisdom of which I should very much doubt.

A liability to be made ill by eggs is a form of idiosyncrasy not at all uncommon, and which causes many mistakes in diagnosis. Its subjects often never find it out for themselves, but go on taking the article which causes the symptoms, which they seek to cure by drugs.

A Carbuncle Cured by a Gonorrhea.—Dr. F. N. Smith, of Allentown, N. Y., writes to the *Medical Record:* "I had been treating a young man for boils and carbuncles some ten days, when, on one day, a large carbuncle on the back of the neck was just on its way toward maturation, acutely painful, and preventing all work—my patient was a railroad bridge-builder. The next day, very early in the morning, he came to me, saying that his carbuncle was about well, but he had a private disease, just showing itself that morning, and would like that attended to now. On examination I found a well marked case of gonorrhea. He had no more trouble with carbuncles from that day; the specific disease passed away in due time. There is no doubt that the occurrence of the gonorrhea had the effect of arresting at once the progress of the carbuncular inflammation."

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MEDICINE AND GENERAL CULTURE.

The New York Medical Journal of June 5, has a column and a half editorial with the title "Medicine Considered as an Obstacle to General Culture" suggested by remarks of the "*Lancet*" which were occasioned by the visit of Oliver Wendell Holmes to England. The Journal hopes that the time will come when it will not be the exception for a successful physician to know something besides medicine. We fully endorse the sentiment that "all knowledge is useful, and diversity of mental occupation conduces to a vigorous action of the mind in any single direction."

There can be no question that the one idea man soon becomes narrow, and, in these days of specialism in the profession, the dangers of narrowing are indeed great.

Association with the best thoughts of able men in literature would undoubtedly do the profession great good, and we are strongly of the opinion that the work of a doctor opens up a field of observation that would greatly enrich literature if more of our workers would follow the lead of such men as Holmes, Hammond, Sir Henry Thompson, Morell McKenzie and Charles Lever of earlier times. When busy hardworked men in other callings like Lord Beaconsfield and the great commoner Gladstone can find time to contribute to general literature, surely less thoroughly occupied men ought to be able to do something in this same direction. We are inclined to think that reading as well as writing is like the giving of alms—largely a matter of habit; and the more one indulges in the pleasure, the more he enjoys its indulgence.

I. N. L.

PROF. WM. H. PANCOAST.

A complimentary dinner has been tendered to Professor William H. Pancoast by the Alumni Association of Jefferson Medical College, on his retiring from the chair of anatomy in the college. The dinner will take place at the Hotel Bellevue, Philadelphia, Thursday, June 17, 1886. We know there is no one for whom the Alumni feel a higher regard than Professor Pancoast, and he is well worthy a dinner at their hands. How we would enjoy being present on the evening of June 17. If possible, the REVIEW intends to have its representative there in response to the courteous invitation received. The chair of the Pancoasts is no longer to be held by a Pancoast, and we are sure the Pancoast family will not suffer by the change. The successor in the chair of anatomy will have a difficult task before him in maintaining the record of his predecessors. Few men can be the skilful anatomist and possess the ability to present the dry bones and severe anatomical facts in such brilliant and attractive array as to rivet the attention of the dullest student in the manner of the Pancoasts without ever having indulged in a single vulgar joke or a remark which would be unbecoming the dignity of any man. The many thousand graduates of old Jefferson scattered throughout the country can but regret the retirement of such men, and indulge the fear that the evil days have come upon their *alma mater* when her atmosphere ceases to be congenial to her best men.

The REVIEW offers the sentiment: Long life to Prof. Pancoast and Jefferson Medical College, and may the latter send others of its faculty to visit St. Louis if they can vie in talent, courtesy and magnetism with the member but recently among us—Prof. Pancoast.

I. N. L.

MEDICAL ORGANIZATION.

In view of the very important work before the American physicians during the coming year there should be thorough organization of

the local medical societies. The next year is a campaign year, not because of a struggle between contending factions, for that we believe is past, but because on all sides personal and sectional interests are running their lines through heretofore undivided fields and over old landmarks. In these changes and in the place of the leaders who have fallen by the way, new men are coming to the front and claiming the right to be heard.

In all this, and especially this year, it is important that the influence of well organized local societies should be felt. To a large extent the leaders are what the majority make them; men will arise to supply the demand.

We believe in independence of work, of thought and research, but we also believe that a well conducted society will put men forward who will carry out the interests of that society, and the blending of these interest will be the promotion of the interests of the profession at large.

It is not saying too much to assert that a physician's local society is the one most valuable to him. All cannot take part in the larger associations, but each man can be an important factor in the society of his county or town.

His efforts there can at once be valuable, not alone by taking part in the scientific work, but by aiding in securing the best men in the society to represent it in the State and National Associations.

This year we need the best men even more than ever. The American Medical Association must go forward, the Congress must be made a success, and the different large societies both east and west, must either advance or recede. The rate of progress is not measured by the stride of a few, it is the march of the solid column. Keep up the home organizations, see that the officers are well selected, and delegates are carefully chosen, and there need be no fear for the success of the great interests at stake this year.

W. P.

—Professor Auspitz, of Vienna, a noted syphilographer, is dead.

The Ultimate Disposition of Pepsin and Trypsin in the Organism.

In relation to this question and its solution, two valuable papers appeared lately in the *Archiv fuer die gesammte Physiologie.* We present the salient points of these studies that follow up this complex physiological process.

Gruetzner and Sahli have found that shreds of fibrin are dissolved when immersed in urine that has been rendered alkaline by soda-solution at a blood temperature. They concluded from these constant results that trypsin must be present in urine as a normal element. The objection that may be raised to such a conclusion is, that putrefactive changes may bring about the dissolution of the fibrin in such an alkaline urine. Leo, therefore, added to such an alkaline urine a few drops of an alcoholic thymol solution. This inhibited putrefaction, and Leo observed that the fibrin was not dissolved in a so treated urine. In following the matter up, Leo proved that if trypsin solution be added to such urine with thymol that the physiological effect of the trypsin occurred, that is to say, the fibrin was digested. From these results, Leo sides with Kuehne, in denying the presence of trypsin in the normal renal excretion.

The study of the fecal excrements proves that trypsin, as well as pepsin, is destroyed, is broken up in the intestinal tract. No trypsin or pepsin is found in the excrements. The comparative study of a dogs intestine that was divided up into five sections, showed Leo that pepsin is no longer present in the second third of the length of the small intestine, and that trypsin can not be demonstrated in the lower third of the small intestine.

Leo does not attempt to explain the mode of disintegration of the ferments under discussion.

Gehrig, in the second article referred to, follows up Sahli's investigations and reports the results of a study of the diastatic ferment in urine in man, as well as in dogs and rabbits. By colorimteric methods, the percentage amounts of pepsin, trypsin and diastatic ferment were determined. The result

obtained, justifies Gehrig in stating that normal human urine contains generally in varying amounts the three substances mentioned. The influence of the ingestion of food upon the absolute and relative amounts of the ferments excreted with the urine, is to the effect of diminishing the pepsin and trypsin and increasing the diastatic ferment. The albumen-ferments are at a minimum three or four hours after a meal, the diastatic ferment at the same time showing a maximum.

In normal urine taken from dogs all the ferments are constantly present, the diastatic ferment usually in very small amount. The relative and absolute presence of the three ferments in the urine of dogs is at its lowest a few hours after feeding.

Normal urine of rabbits, contains, after abundant feeding, traces of trypsin and diastatic ferment; pepsin can not be positively shown.

After a period of abstinence from food, of not too long duration, the urine of man and of the animals examined, contains the three ferments in absolute and relative abundance.

Gehrig, therefore, concludes that the presence of these ferments in the urine is due to a resorption of them in the glandular apparatus that form them, and that they are in consequence conveyed by the circulation to the kidneys.

He says that Leo's denial of the normal presence of the ferments is due to errors and to the fact that when only small amounts are present, that thymol certainly will arrest the fermentative specific effect upon fibrin. Gehrig adduces in proof the fact that the urine of a dog, twelve hours after a feeding, contains so much trypsin that thymol no longer is capable of arresting its special physiological action upon the fibrin. Again, urine that shows evidently the presence of trypsin, in experimental digestion, no longer exercises that peculiar action after boiling. The heat of the boiling destroys the ferment. Putrefaction is not excluded after such urine has been boiled. Hence the conclusion that the ferments are in health contained in the urine.

Ethyl-Ether in Sciatica.

Milioti reports in the *Gaz. degli Ospitali* on the use of ethyl-ether for the relief of sciatica and kindred neuralgic affections. He refers to the method of cure proposed by Debove, which consists in the congelation of the integument along the track of the affected nerve by a spray of bichloride of methyl. Great success has attended this method of actually freezing the skin from the sacrum down to the heel, if need be. No bad results have so far been noted. Milioti, however, prefers the ethyl-ether, on account of its milder action. It is sprayed by an ordinary atomizer along the track of the nerve for several minutes. The points of especial pain are more energetically sprayed. The skin becomes congealed. Relief follows at once, and a permanent cure results after a varying number of applications of the spray.

Another Treatment for Erysipelas.

We reported some time ago the success attending the surgical, local treatment of erysipelas by scarification and incision, detailing the points that were against such a heroic procedure. Dr. Haberkorn, of Glogau, communicates to the *Centralblatt fuer Chirurgie* his method of internal medication of erysipelas, that has yielded most brilliant results.

He reminds us of the peculiar circumstance that we have learned in the treatment of infectious diseases, that the antiseptic agents appear to have certain topical predilections. Thus the salicylates are most suited in the infections that are localized in the arthritic apparatus; calomel and the bichloride are especially suited in the treatment of the intestinal localization of the typhoid process; the benzoate of soda appears to be of benefit in the arrest of the phthisical process, etc. This latter remedy Haberkorn finds to be of especial value in the cutaneous infective localiza-

tions. He has given it a trial in measles, in scarlatina and especially erysipelas. His results are satisfactory in the best sense in over fifty cases of erysipelas. He gives the benzoate in doses of fifteen to twenty grams a day to adults, in a mucilaginous solution or in carbonic acid water. After twice twenty-four hours the temperature declines, the local manifestifations mend, and the patients feel at ease. Desquamation rapidly ensues, although no local treatment is instituted.

The Therapeutic Uses of Iodoform.

M. Bockhart, the well-known authority in dermatology, presents the results of his own experience and his literary study regarding iodoform in the *Monatshefte fuer practische Dermatologie* as follows:

Iodoform is of no efficacy, whatsoever, in the treatment of gonorrheal inflammations; only in the treatment of ulcerations and erosions of the portio vaginalis, consequent upon gonorrhea of the cervix, is it of use as a local application in powder-form.

Iodoform is to be regarded as the specific antidote to the virus of the soft chancre. It is the safest and most rapidly acting agent in the treatment of all forms of the ulcus molle.

Suppurating buboes are best treated by a compression-dressing containing iodoform.

As an antisyphilitic, internally administered, iodoform falls very much short of the iodide of potassium. However, in syphilitic neuralgia it is of great efficacy. In hypodermatic injection it is of a more pronounced good effect than the iodide of potassium.

Locally, in syphilitic affections, iodoform is especially indicated in ulcerating gummata, and exercises a well-nigh specific influence on such ulcers.

Lactic Acid as a Local Destruent.

The assertion made by von Mosetig, of Vienna, that lactic acid, locally applied, destroys pathological tissue and leaves unaffected the normal structures, is reiterated by him in a paper recently read before the *k. k. Gesellschaft der Aerzte in Wien.*

The remedy is employed both superficially and by parenchymatous injection. For application to surfaces the concentrated agent is the best. Rags of linen or pads of cotton are saturated in the acid, and after application are covered with rubber tissue. For parenchymatous injection a solution of 50 or 70 per cent is employed, one-half to one gram being the amount injected. In large neoplasms several such injections may be made simultaneously. About twenty-four hours should elapse between the several procedures.

The doctor presented cases of epithelioma and of ulcus rodens of the face that had been so treated successfully.

In the discussion, that was participated in by Weinlechner, Dittel, Schiff and other Viena celebrities, the fact was brought out that a very serious objection to the lactic acid is the intense pain that attends its application. Severe suffering extends over hours after the use of the agent. It appears, too, that the limitation of the destructive effect is not confined to the diseased tissue alone.

Scarlet Fever from the Cow.—On a former occasion reference was made in these pages to evidence pointing to a relationship between scarlet fever in man and an affection in cows, that is manifested by slight symptoms only. Mr. W. H. Power, who first brought up this matter, has embodied the facts touching this startling matter in a report of the Local Government Board in England. Mr. Power's conclusions are established on evidence that is convincing. It appears that scarlet fever can be produced by the milk of cows suffering from a disease so slight in its local manifestations as almost to escape attention and producing so little general disturbance of health that the appetite of the animals is unimpaired, and the quantity of milk yielded undiminished. The whole of the evidence is thus presented by the *British Medical Journal* of May 29th:

The first thread in the web of evidences which Mr. Power has woven so skillfully,

was afforded by an observation made by Mr. Wynter Blyth, the medical officer of health for St. Marylebone. On December 18th, 1885, he reported to the Local Government Board that an extensive outbreak of scarlet fever in St. Marylebone, appeared to be associated with the distribution of milk by a certain retail milk-dealer, who obtained the greater part of his supply from a dairy-farm at Hendon. The next point which Mr. Power ascertained was, that milk from this dairy was sent to three other retail dealers; one at St. John's Wood, another at Hendon, and a third who carried on business at Hampstead and St. Pancras. The epidemic began in St. Marylebone towards the end of November, and at about the same time, outbreaks of the same disease had occurred among the customers of all the other milk sellers, except those who dealt with the dairy in St. John's Wood. Moreover, it was ascertained that certain customers of the Marylebone milkman had received milk from Hendon unmixed with milk from any other farm. Suspicion pointed, therefore, strongly to the farm at Hendon; but here, for a time, investigators were at fault, for a thorough examination of the farm and of the laborers employed there failed to reveal any unsanitary conditions; and Dr. Cameron, the medical officer of health, who associated himself with Mr. Power in this stage of the inquiry, was able to affirm positively that there had been no cases of scarlet fever, or any disease remotely resembling it, among the persons working or residing on the farm, and that the few cases which had occurred in the Hendon district during 1885 had been among families residing at a distance from the farm, and in no way connected with it.

At this stage of the injury, it became evident that, if the theory which had been incriminating the Hendon farm was to be maintained, it would be necessary to establish that some new condition affecting the health of the cows had come into operation at, or soon after, the beginning of November. Inquiry elicited that three cows, which had newly calved, had been purchased at Derby market, and admitted to the farm on November 15th. These cows had been kept isolated from the others in a "quarantine shed" until about the end of November, but their milk had, after the first few days, been added to the supply, which eventually found its way to St. Marylebone, Hampstead, and St. Pancras. On December 4th, four other cows, purchased in Oxfordshire, arrived at the farm, and succeeded the Derbyshire cows in the quarantine-shed. The next important part is that after period of quarantine, the Derbyshire cows were transferred to a shed called the "large shed," where were over forty other cows; the milk from this shed went to the Marylebone dealer, and scarlet fever began among his customers at the end of November, and continued until the supply of milk was stopped. The Oxfordshire cows were kept in quarantine until December 11th, and were then transferred—two to the "large shed," and two to another shed called the "middle shed." The milk from this shed was sent to the dealer who had shops in Hampstead and St. Pancras; the scarlet fever cases occurred among the customers of this dealer in groups, one at the end of November (the milk from the cows in the quarantine shed had been mixed with this supply shortly before this time), and again, another large group in the middle of December (that is, soon after the Derbyshire cows had been transferred to the "middle shed" from which the milk for this dealer came). There remained the fact of the entire immunity of the customers of the dealer in St. John's Wood; it turned out that all the milk for this dealer came exclusively from a third shed, called the "small shed," into which no new cows had been introduced. Now comes a most instructive fact, almost of a nature of an exact experiment. A small, limited, but intense outbreak of scarlet fever occurred among certain poor families residing at Child's Hill, and at other places close to the farm; the first case of the group occurred on December 20th. Now, on December 15th, the supply of milk to the St. Marylebone dealer was stopped, and the dairy-farmer gave direc-

tions that the whole of the milk from the large shed should be given to the pigs, or thrown into a pit dug for the purpose. Certain poor persons residing in the neighborhood, hearing of this "waste" of milk, succeeded in obtaining, on December 16th and subsequently, a quantity of milk, surreptitiously, from the cowmen. It was among these people that the outbreak of scarlet fever above mentioned (Child's Hill) occurred on the following week.

The final stage of the inquiry revealed disease among the cows, but so slight that the animals had continued to feed well and to yield their usual quantity of milk; all that could be noticed were vesicles and small ulcers on the udders and teats. On December 31st and following days, a thorough inspection of all the cows was made by Mr. W. H. Power, Dr. Klein, F. R. S., and Dr. Cameron. On two of the Derbyshire cows (November 15th) scars were found on the udders and teats, of a kind that satisfied the observers that they had suffered from the malady; and one of the cowmen subsequently remembered that the first case of sore udder and teats, which he had noticed, was in one of these Derbyshire cows. Further, it was found that on December 31st, two of the Oxfordshire cows had the affection, and that the other cows in the "middle shed" with them had it in an earlier stage; nearly all the cows in the "large shed," where the Derbyshire cows had been stalled, had this vesicular disease of the udder and teats in different stages.

It will be remembered that, among the customers in St. John's Wood who drunk the milk from the "small shed," no cases of scarlet fever had occurred, and that no new cows had been introduced into that shed; but at the inspection on December 31st, two early cases of the disease were detected among the cows in the "small shed;" and corresponding "to a nicety with the appearance, for the first time, of the cow-disease among the animals of the smaller shed," came the report of cases of scarlet fever among the customers of the dealer in St. John's Wood. Finally, when the supply of milk was completely stopped, then the peculiar incidence of scarlet fever, on the persons who drank the milk from this farm, also ceased.

Though the disease appeared, at first sight, to be purely local in the cow, and though the general symptoms were, undoubtedly, very slight, yet Dr. Klein found reason for regarding it as a general or constitutional disease, and one that might not improbably be communicable from cow to cow. Upon these points, more knowledge is urgently needed, and it is satisfactory to learn that two of the affected cows have been purchased and placed under Dr. Klein's observation in the Brown Institution. His report on the clinlcal features and on the pathology of the disease will be awaited with impatience.

Disquieting as are the facts which Mr. Power's inquiry has disclosed, yet it is always better to know our enemy, and even in the facts already made out, there is much that is reassuring. The disease in the cow presents, at least, some very tangible and easily recognized signs; and as soon as the pathology and pathological anatomy have been a little more worked out, veterinary surgeons may be trusted to learn how to make a correct diagnosis, and then prompt isolation may, probably, be trusted to prevent the spread of the disease.

—The fearful mortality among children during the summer months is due, in my opinion, to the fact that the little ones are not placed in a position to gratify their natural desires, and mainly from the fact that they are deprived of the use of cold water. Children, during the extreme hot weather, perspire freely; this would be caused by the extreme heat; but they are often, against their will, kept sweltering in flannel garments, which increase their heat and perspiration, and they are consequently very thirsty. If the child cries for drink, the nipple of the nursing bottle is thrust into its mouth. The child is thirsty, not hungry; but not getting the water which it does want, it takes milk, of which its stomach is already full. The consequence is, the milk not being digested, fermentsand vomiting, diarrhea, cholera morbus and death result.—Jour. Am. Med. Ass'n.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

Stated meeting held Saturday evening, June 5th, the President, Dr. E. H. Gregory in the chair.

There being no reports of cases or pathological specimens, a discussion of the report of the microscopical examination of the organs presented by Dr. Hulbert was introduced by Dr. Dean, who spoke of ulcerative endocarditis and its accompanying micro-organism, the micro-coccus endocarditicus; said that the examination had revealed the fact that the erysipelas which had complicated the endocarditis was not the typical erysipelas, as it is idiopathically found, which is characterized by the presence of the micrococcus erysipelatosus, and which micro-cocci are found in nests occupying the lymphatics near the circumference of the erysipelatous region, but in this case the skin complication seemed to depend upon the micro-organism which had originated the primary disease, namely, the micro-coccus endocarditicus. In speaking of the situation of the micro-organism in erysipelas, near the edge of the region invaded by the process, the doctor stated that this fact might lend reason to the practice of seeking to limit the spread of the disease by painting the skin in advance of the redness with tincture of iodine or some other preparation.

Dr. Bremer said that he had been led to make the report of his examination by a remark made the evening the case was reported, which was to the effect that the erysipelas had in no way depended upon the pyo-pericarditis. In refutation of this remark the doctor went on to prove that many morbid processes might give rise to an erysipelas, or that various ones might cause a pneumonia; that the presence of the specific micro-organism was not necessary to the existence of either of these conditions. For instance, a patient with typhoid fever develops symptoms of pneumonia, the lung is examined, all the morbid changes accompanying a typical pneumonia are found, but the pneumococcus is absent; so also with a pneumonia dependent upon traumatism; so that he would conclude that different germs were capable of producing the same pathological changes, and that the converse of this proposition also held true, that the same germ was capable of producing different morbid processes, and that he thought in specimens such as he had presented at the last meeting, the proof of this last was evident.

Dr. Dudley wished him to explain how the same germ could cause different diseases, and different germs the same disease.

Dr. Bremer in reply recapitulated what he had before said, only placing in a more explanatory form. In proof of the same germ giving rise to different pathological lesions, he cited diphtheria, in which, when the disease attacked the pharynx, the entire depth of mucous membrane was involved, and the fibrinous exudations being stripped off an ulcerated spot was left, but when the larynx was invaded, the exudation was confined to the free surface of the membrane, and did not extend into its proper substance; and yet it was diphtheria, as much so as that of the pharynx.

Dr. Green took objection to the last remark of Dr. Bremer, and stated that Niemeyer and Rindfleisch only regarded those patches as diphtheritic, which, when removed, involved loss of substance of the membrane.

Dr. Gregory arose and introduced his remarks by fully agreeing with what Dr. Bremer had casually spoken of during the course of his explanation, viz., that a constitutional condition may cause a local lesion or that a cachexia may depend upon a local lesion. Said that although there was no doubt that disease was caused by something introduced from without, whether that was a germ or the poison caused by the presence of a germ, still that it was but *one* of the factors entering into the causation of disease; that another, and just as important a one, was present in the susceptibility of the patient to that germ, and his power of resisting its influence; that of one thing he was absolutely certain, that there were people who, let them be exposed to any infectious disease, small pox for instance, for any length of time, and they would never contract the disease; that there was lacking that other element of causation, the element of susceptibility.

Dr. Dean spoke of the elective power of different germs for different tissues. That from the ovum and its segmentation and division into three layers, and all through life, certain germs exhibited a predilection for certain tissues represented in the embryo by these different layers.

Dr. Hughes, in presenting his views on the susceptibility of people to disease, said that too frequently the vast influence of the nervous system was overlooked, in attributing one's susceptibility to certain conditions; that he was of the opinion that of all causes tending to render a person susceptible to disease, the nervous system occupied the most prominent place.

The time for adjournment having arrived, further discussion was postponed.

THE AMERICAN LARYNGOLOGICAL ASSOCIATION.

[CONTINUED.]

The eighth annual session held in the hall of the College of Physicians, Philadelphia, May 27, 28 and 29, 1886.

I have never had an opportunity of observing the initial manifestations, but I have been able to detect the involvement of sound tissues later in the disease. Sometimes the mucous membrane assumes a purple color, and swells up, and becomes granulated. Then one or two nodules may develop, and may attain the size of a pea. Sometimes they become prominent without any alteration in the appearance of the mucous membrane. They may remain superficial, or they may attack the mucous tissue and also the sub-mucous tissue. Their form is rounded and their surface is smooth. These nodules are distinguished by their rosy red color from leprous tumors. Unlike carcinoma, the tumors are usually quite distinct. On pressure they present an elastic resistance. This is greater than the hardness of inflammation, but less than that of epithelioma. The parts on which the tumor develops become rigid, and the natural movement is diminished or lost. Contrary to carcinoma, which usually produces sharp lancinating pain, and to leprosy, which is generally accompanied with anesthesia, there is in lupus no alteration of the sensitiveness of the part. After a shorter or longer period, the tubercle softens and becomes ulcerated. The ulceration assumes two forms. In some cases the tumor becomes excavated to a considerable depth, while in others it is more superficial. These ulcers do not bleed on pressure. The cure is difficult, and attended with the formation of scars. In some cases these ulcers develop in a slow way, while in others they start with astonishing rapidity. They may develop within a few days, or they may remain quiescent for months or years, and then take on destructive action. The healing of the ulcer is followed by the formation of irregular scars, raised in some places, depressed in others, red in the former, white in the latter. Adhesions to different parts take place, cicatrization takes place slowly and is easily destroyed. Infiltration always remains.

All agree that the cure of lupus in the throat is more difficult than the same process in the skin. In cases which I have seen, the same treatment which I have employed in external lupus, I have found of service in lupus of the throat. I do not despise internal treatment, but use such remedies as are indicated by the general condition of the patient. This has an important influence upon the result of topical treatment. If the lupus is not ulcerated, I apply caustic substances. Until a few months ago I used tincture of iodine. I have, however, found good effects from the use of lactic acid. I have used it in cases of lupus of the cheek and gums, and also of the larynx. I have met with no inconvenience from its use except the pain, which varies in different cases, if the lupus is ulcerated. I sometimes use the lactic acid, more frequently I employ a wash of borax, and cover the ulcer with powder of iodoform. I always prescribe a gargle of a one per cent solution of resorcin. Patients thus treated have always recovered after a greater or less time. In some cases the cure has probably been realized in the natural course of the disease, rather than as a result of the therapeutic measures.

PROFESSOR JOSEPH LEIDY, of Philadelphia, on the invitation of the council, made some remarks on

INTERESTING POINTS CONNECTED WITH THE LARYNX.

The first point to which I shall refer is the aperture of the larynx. This aperture communicates with the pharynx, is a large oblique opening, bounded above by the summit of the epiglottis and laterally by the aryteno-epiglottidean folds. The lower portion is formed by the notch of the arytenoid cartilages. Laterally on each side, two eminences are quite prominent in the fresh larynx, an upper pair and a lower pair. The lower pair is produced by the carunculæ of the larynx which terminate the summits of the arytenoid cartilages. The text books state, that immediately above these there is another pair of cartilages. These are the cartileges of Wrisberg. In my experience, I have rarely found these cartilages decidedly developed in the white subject. Where a prominence exists in the white subject, it is caused by a group of glands. Often in these a little cartilage may be found. In the negro, the cartilages of Wrisberg are conspicuously developed; this point has also been referred to by European observers.

The next point refers to the vocal cords as they are usually designated. These are described as two elastic ligaments extending from the entering angle of the thyroid cartilage directly backward and upward to be attached to the vocal process of the arytenoid

cartilage. Between these cords is the narrowest portion of the larynx, or the fissure of the glottis. While physiologically, it is correct to speak of the vocal cords, yet, anatomically, it is not correct to speak of vocal cords. These bands are usually spoken of as the inferior thyro-arytenoid ligaments. There is another ligament extending between the thyroid and cricoid cartilage in front, and extending back to the base of the arytenoid cartilages. This is described as the middle crico-thyroid ligament. This is connected with the upper border of the vocal membranes. This connection is very important. If the cricoid cartilage is broken or crushed, it must influence the action of the so-called vocal cords, for the vocal membranes are connected quite as much at the lower border to the cricoid cartilage, as they are at the upper border to the thyroid cartilage.

The vocal cords are influenced altogether by the muscles attached to the arytenoid cartilages. These are supplied by the inferior laryngeal nerve. Another muscle which may influence the movements of the vocal membranes, is the crico-thyroid. This is supplied by a separate nerve, the superior laryngeal. Why this muscle should be supplied by a different nerve, has not been satisfactorily explained. The muscles which operate the arytenoid cartilage are the posterior crico-arytenoid, the lateral crico-arytenoid and the arytenoid muscle. These muscles are sufficient to produce all the movements of the vocal membranes. Other muscles, that is to say the aryteno-epiglottidean and the thyro-epiglottidean muscles, have been descried, but in my experience the development of these muscles is exceedingly uncertain.

Another point is in regard to the connection of the muscles. In looking at the origin of muscles, we usually consider that they are attached to the surface over which they lie; for instance, we look upon the posterior crico-thyroid as arising from the posterior lateral surface of the arytenoid cartilage. If the muscle is cut across, we find that it arises only at the most remote portion of this surface. Between this and its insertion there is a smooth surface.

These are, I believe, all the points that I have to present.

A vote of thanks was tendered Prof. Leidy for his communication.

Discussion.

Dr. J. Solis-Cohen, of Philadelphia.—In regard to the cuneiform cartilages, I have noticed that these are best developed in those who have the best control over their voice. I have regarded them as supports for the ventricular bands, supporting them in the same manner as the rib supports the tissue of an umbrella. The connection of the crico-thyroid membrane with the vocal cords is very interesting. There are two supposed paralyses of the larynx, which present exactly the same picture. One is the paralysis of the thyro-arytenoid muscle, giving the Indian-bow paralysis of the Germans. The other is paralysis of the crico-thyroid muscle, giving exactly the same appearance. The way to distinguish these paralyses, is by placing the finger on the crico-thyroid membrane. If the membrane vibrates when the patient speaks, the crico-thyroid muscle is not paralysed with reference to the action of the crico-thyroid muscle. In phonation, the thyroid cartilage is fixed, and when the attempt to sound high notes, is made, the cricoid cartilage is drawn up by this muscle. The posterior crico-thyroid muscle from its attachment, not only separates the vocal bands, but when they are made tense by other muscles, its action is to increase their tension.

Dr. F. I. Knight, of Boston. The demonstration of the attachment of the vocal bands to the cricoid cartilage solves the problem in regard to the impairment of voice after laryngotomy. When operations are limited to the thyroid cartilage the voice is usually not impaired, while if the cricoid cartalage is the seat of operation the voice is always impaired.

Dr. Joseph Leidy.—I have never been able to see that the crico-thyroid muscle related to the other muscles in the production of sound. I am glad to hear the explanation which has been given, which appears to be a satisfactory one.

Dr. J. N. Mackenzie, of Baltimore, exhibited an instrument for fracturing the nasal septum, the chief advantage being the great leverage which was obtained.

Dr. Carl Seiler, of Philadelphia, exhibited an apparatus to be used in making sections of frozen heads.

Dr. C. E. Sajous, of Philadelphia, presented a galvano-cautery handle, in which the wires were attached in the middle of the instrument, and both the wires and the electrodes were secured without the use of screws. The connections within the handle were made of copper and heavier than usual in order to diminish the resistance.

Dr. J. H. Hartman, of Baltimore, exhibited a form of ecraseur with extremities of different shapes which could be used for various purposes.

The president announced the following as the nominating committee, Dr. T. R. French,

of Brooklyn, Dr. F. I. Knight, of Boston, and Dr. G. W. Major, of Montreal.

Adjournment of morning session.

FIRST DAY. AFTERNOON SESSION.

The first paper was entitled

Concerning the Positions of Paralyzed Vocal Bands.

BY DR. F. H. HOOPER, OF BOSTON.

The paper was in part based on experimental work done in the physiological laboratory of the Harvard Medical School, and in part theoretical. Specimens and drawings illustrating certain points, were shown. The reader stated that it wâs his purpose to inquire into certain influences which might combine to determine the positions of paralyzed vocal bands and to ask whether we are always justified in assuming that a given position of immobile vocal band was indicative of the arrested function of this or that muscle of the intrinsic laryngeal groups. The speaker thought that a vocal band might assume different positions in cases of complete paralysis of the recurrent nerve, and he passed in review eertain anatomical factors and physical causes which he thought might contribute toward producing the position which might happen to be present when seen reflected in the laryngeal mirror.

Dr. Hooper concluded by saying that in his judgment the larynx is such a complicated organ anatomatically, it is subject to such changes at different stages of life, its shape is so different in different individuals, its nerve supply is so great, the arrangement of its muscles so liable to anomalies, that as surely as one attempts to formulate theories on the positions alone of paralyzed vocal bands, positions which may be controlled by intrinsic muscles of the larynx that are not paralyzed, as well as by those that are, just so surely will one be led unconsciously into erroneous mental inferences.

The next paper was by. J. Solis Cohen, of Philadelphia, and related the further history of a case of paralysis of the posterior oricoarytenoid muscles presented at the first meeting of the Association in 1879, with the report of the autopsy and the exhibition of a specimen.

The history of the case was briefly given as follows: A man, aged 48 years, was brought to me with a history that, for two years he had suffered from occasional spasm of the larynx so that, on at least, two occasions, he had fallen unconscious in the street. When a boy, he had suppurative inflammation of the left ear, and ever since then the introduction of the finger into the ear would produce spasm of the glottis. On examination with the mirror, I found what we then considered to be the picture of paralysis of the left posterior crico-arytenoid muscle. The examination produced spasm on the other side. The patient was directed to carry with him nitrite of amyl to be used when the attacks came on. This he did for a while, with good results. He subsequently returned with the statement that the day before he had had a severe spasm from tickling in the ear. While illustrating this he had a violent attack in the office, requiring the use of chloroform to relieve it. The next day tracheotomy was performed. No other lesion could be found at that time; the spasms were still produced by irritation of the ear. Five or six weeks later he began to have paralysis of the right vocal band. The picture then became extreme, and after this time I never saw the larynx in any other position. The man gradually became blind and developed other symptoms of locomotor ataxia. During the four years preceding his death I did not see him, but during this time he continued to wear the tube. He was able to speak well without occluding the tube.

With the condition of abductor paralysis, I think that there was a condition of spasm of the adductors.

At the autopsy all the parts that could be available in the examination were removed, and submitted to Dr. William Osler, for examination. No abnormal appearance was discovered in the brain. The optic nerve was small, grayish white and atrophied. Many microscopical sections were made of various parts. The left recurrent nerve seemed natural, although it will be remembered that the left cord was the first affected. The right recurrent showed a distinct line of demarcation between the healthy and the unhealthy fibres. Instead of the right muscle being atrophied, it was the left muscle which had undergone wasting.

The Functions of the Recurrent Laryngeal Nerve From an Experimental Study in Johns Hopkins' University.

By Dr. Frank Donaldson, Jr., Baltimore.

The speaker first referred to the fact that all the muscles, with the exception of the crico-thyroid, are supplied by the recurrent laryngeal nerve. The nerve, therefore, contains fibres controlling both phonation and respiration, acting both upon the abductor

and upon the adductor muscles. He then referred to the experiments performed by Dr. Hooper, of Boston, the results of which had been presented at the last meeting of the Association. Dr. Hooper had found that the constrictors ceased to act when consciousness was suspended by the action of ether, and that abduction, with dilatation of glottis, was obtained by stimulating the recurrent laryngeal nerve when consciousness was suspended. Dr. Donaldson's experiments were made to test the correctness of these results. In five experiments, under states of deep narcosis, slight narcosis and almost complete consciousness, he invariably got adduction of the vocal bands under the application of stimuli with the induction coil at ten. In one case in which consciousness had been suspended, under slight stimulation, abduction was produced, while, under strong stimulation, adduction was obtained. It was then found that abduction was always produced when weak currents were employed, but adduction was obtained when stronger stimuli were used. He, therefore, concluded that the constrictors did not cease to act during profound narcosis, or in suspension of consciousness from any cause, and that abduction is not always obtained when consciousness is suspended. It is with weak currents that abduction is produced, but, as the stimulation is increased, adduction takes place.

Discussion.

Dr. F. I. Knight, of Boston.—We must bear in mind that these experiments have been performed upon lower animals, and not upon man, and even if a certain unanimity of opinion is reached, we shall have to adapt these results to the case of man by clinical and pathological observation. It does not follow that the same mechanism takes place in the opening and closure of the glottis in man as in the lower animals. Although stimulation of the transversus muscle produces approximation of the cord, still, in considering the articulation of the cartilages, it had always seemed to me that there must be some other factor, and that the lateral muscle is stimulated at the same time.

In regard to abductor paralysis, I think the whole question should be decided upon the position of the vocal process without any reference to the cord. If the vocal process is found in the median line, it is fair to assume that for some reason the function of the abductor muscle has been abolished. A good deal of difficulty has been experienced by observers in determining when the vocal process is in the median line. To me the crucial test is by phonation. If you get a vertical glottis on phonation, without any movement of suspected cord, you have a sure case.

Dr. S. Solis-Cohen, of Philadelphia. It is important to distinguish between the automatic (respiration) the reflex (cough), and the psychic (phonation) functions of the larynx. A well known physiological law is that the resistance which a nerve offers to the transmission of nervous force is inversely as the use made of the muscle which it innervates. No muscle is used more than the abductors of the larynx. The resistance of their nerves would, a priori, then be supposed to be the least, and Dr. Donaldson's experiments show that they respond to a weak stimulus. The phonatory muscles are not so frequently used, the resistance of their nerves, though low, is higher than that of the respiratory fibres. The respiratory impulses traverse the nerve continuously, and additional stimulation, whether reflex (irritation of the superior laryngeal), producing cough, or phychic, for purposes of phonation, produces adduction of the vocal bands. There is a local centre in the medulla, the vago-accessorius nucleus for all the laryngeal muscles. Moderate stimulus from the respiratory centre opens the glottis for respiration; increased, stimulus opens it further, a greater increase, by reflex irritation, closes it for cough. An impulse from the cerebral cortex, the centre of voluntary motion, closes it for speech.

Laryngeal Vertigo.

By Dr. F. I. Knight, of Boston.

A number of cases of what is called laryngeal vertigo have been reported by various authors. The distinctive feature of these cases is that attacks of coughing are followed by giddiness and momentary loss of consciousness. This latter symptom was present in all but two cases. While it is probable that attacks of dizziness after coughing are not rare, yet but little attention has been paid to the subject. The writer had been able to find fourteen published cases. To these he was able to add two coming under his own observation. The first case was that of a man aged forty-two years, who had a chronic bronchitis of one years' duration. He had had rheumatism when fifteen pears of age, and, on one occasion, had suffered with insomnia. No morbid condition of the heart was detected. The chest was filled with sonorous and sibilant rales. Under the use of iodide of potassium, there was gradual improvement. After a day of worry and fatigue, he had a cough followed by loss

of consciousness. There was no evidence of spasm of the glottis and no convulsive movements. He never had another attack of loss of consciousness.

The second case was that of a lady forty-seven years of age, who had previously been the subject of attacks of dizziness, the result of indigestion. She had suffered with winter cough for a number of years During one attack of coughing,she lost consciousness. During this time there was congestion of the face.

The following points were obtained from a study of the reported cases. All the cases, with the exception of one, have been in males. The average at which the attack has occurred has been forty-seven and one-half years. The cough which induced the attack, was slight in six cases, spasmodic in two and severe in three. Momentary loss of consciousness occurred in fourteen cases. One case fell, but declared that he had not lost consciousness. Dizziness is mentioned in eleven cases. In four cases, there seems to have been decided evidence of larygeal spasm. In one this was doubtful. In four cases there was marked congestion of the head and face. In two the patients were pale. Convulsive movements of the limbs occurred in three cases: in one the movements affected the face and head, and in another the face. In these cases there was no biting of the tongue, no frothing of mouth and no involuntary micturition. The speaker objected to the term laryngeal vertigo. There probably is no real vertigo, in these cases in the sense of the vertigo seen in aural vertigo. There is simply giddiness or lightness of the head. These cases can not be considered to be instances of petit mal.

The cause of the attacks is disturbance of the cerebral circulation, perhaps due to the compression of the large blood vessels of the chest and perhaps the heart Even without this, the effect of rapid breathing is well known. This causes marked cerebral disturbance.

[TO BE CONTINUED.]

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Special meeting April 15, 1886, the President, B. F. Baer, M. D., in the chair.

Dr. M. Price reported two cases of

Emmett's Button-Hole Operation.

I desire to call the attention of the society to a novel operation for the diagnosis and treatment of urethral and vesical diseases and accidents incident to parturition, devised and practiced by Dr. Emmett, of New York, for the past six years. In the last edition of his gynecology he treats the subject elaborately, and gives it, as in his judgment, the most rational treatment for prolapsus of the mucous and submucous tissues, urethrocele, lacerations of the urethra from dilatation or injuries in labor, gonorrheal inflammation and abscess in the urethral wall.

I desire to report two cases of this operation, where no other treatment, in my judgment, would have been of the slightest benefit to the patients. The operation recommended by Dr. Emmett is what he designates as his "button-hole operation of the urethra," and may be performed either in the Sim's position, or in the lithotomy position. The operation consists in opening the urethra from three-fourths to one inch, midway between the urethral orifice and the neck of the bladder, thus giving ample room for inspection of the canal for any growth or condition requiring drainage or operative procedure. In those cases where the opening is made for diagnostic purposes simply, the opening may be closed with sutures, or be allowed to close in its own way. Many cases of urethral irritation are wonderfully benefited and most of them entirely cured, simply by the free drainage it allows. The mucous membrane of the urethra and vagina in theses cases are tacked together to prevent retraction. In the operation for urethrocele, the urethral opening is made through the pouch or dilated portion of the urethra, while a block tin bougie is held in the bladder. The opening is continued down into the mucous membrane, to covering the sound and a sufficiently large piece of the mucous membrane of the vagina removed to insure the removal of the pouch. The mucous membrane is then taken under the sound and drawn through the button-hole opening, so as to obliterate the redundancy of the mucous membrane. Sutures are then passed from the vaginal surface to the block-tin sound, and back on the opposite side in the same position, all the sutures being thus introduced before cutting away the redundant mucous membrane held by a tenaculum in the hands of an assistant. This is to prevent the possibility of failing to incorporate the mucous membrane of the urethra in the sutures and so fail to secure a perfect result, inasmuch as it is the mucous membrane, which, on account of its diseased condition, is giving the most trouble. This is also the operation performed for prolapse of the mucous membrane, its redundancy being pulled through the button-

hole opening, back from the meatus and there fastened. The redundancy is then cut away, instead of cauterizing it as in the past.

The first case is that of a lady 32 years of age, the mother of four children. The last labor was very brief, as the woman was delivered with forceps in the hands of a medical man who had another engagement and could not be delayed. This was four years ago. The woman, when she came into my hands, was suffering from a double laceration of the cervix, which was torn back to the vaginal vault, with laceration of the perineum back to the sphincter, and with a urethrocele that would have held two drachms of urine. There was also quite a protrusion of the mucous membrane of the urethra, what Emmett calls "hemorrhoids of the urethra," from constant straining to pass urine. This woman had suffered constant tenesmus or bearing down pains even since her confinement, with inability at times to go more than half an hour wthout passing urine; at other times she was compelled to micturate every few minutes, the urine passing with the greatest difficulty.

This was making great inroads upon her health. She had consulted quite a number of physicians and was treated, from what I can understand, for "cystitis" and "ulceration of the womb." This, I believe, was the diagnosis of her trouble by the gentleman who had rendered her such efficient service at her delivery. The patient was operated on after the method of Dr. Emmett. An opening one and one-fourth inches in length on the vaginal surface and three-fourths of an inch in the urethral wall was made, and the superfluous mucous membrane both from the urethrocele and from the mouth of the urethra drawn through the vaginal aperture, and the sutures put in before cutting away the redundancy of tissue. Seven sutures were applied, aud a perfect result was obtained in one week. When the sutures were removed they were all found in a space not larger than the end of my thump in consequence of the contraction of the tissues. The woman passed her water ten hours after the operation, and continued to do so afterward without pain or discomfort. At the present time, three months after the operation, she says she is better than she has been at any other time since her last labor. I would also state that the perineum and cervix were also repaired at the same time. Silk-worn-gut sutures were used in this case.

The second case is one of great interest from a medico-legal point of view, as the cavity of the urethrocele was lined with a pus secreting membrane. The patient, although under my care, was not examined until after the urethrocele became very troublesome. I then learned that difficulty from this source, gradually growing worse, had been experienced for four years. These facts were not ascertained until the husband had repeatedly presented himself for treatment of a mild urethritis, which always developed after sexual intercourse. His condition had been attributed to other than legitimate causes. After a considerable number of attacks, he began to inquire the cause of his affliction. Having been asked the question as to "foreign relations," he stoutly denied any such cause, though he admitted he had suffered from gonorrhea early in life, but had been completely cured long before the time of his marriage, some fifteen years ago. He was then asked to have his wife present herself for examination at my office. I found her suffering from laceration of the cervix and a urethrocele. The urethrocele was exceedingly tender to pressure, and had the feel of a fibrous growth; no fluctuation could be detected upon light handling in examination. A pus cavity was suspected from the painful character of the tumor and the husband's condition. Repeated attacks of urethritis following sexual intercourse indicated an unusually irritating discharge from some source, and as the mucous surface of the vagina and cervix was in a healthy condition, and the discharges mild and unirritating, there could be but one rational explanation of the husband's condition, viz., a suppurating sacculated condition of the urethrocele with periodical discharges of pus. Examination under ether fully confirmed the suspected pathological condition. The urethrocele was thickened, corrugated and filled with purulent ammoniacal urine. The patient was placed in Sims's position and the operation was performed as detailed in the other case, except that the pus secreting membrane was removed removed with the scissors, and the edges of the healthy mucous membrane were picked up with a tenaculum, and the sutures of silk-worm-gut introduced as in the case before cited. A perfect result was obtained, removing all irritation of body and mind.

Dr. Joseph Price reported for Dr. Barton Hirst a case of

Vulvo-rectal Fistula from Violence During First Coition.

The patient, a young woman of twenty-two, presented herself at the gynecological clinic of the Philadelphia Dispensary, with the following history: Previous to her mar-

riage, which took place eighteen months ago, she had been a perfectly healthy woman. From the first attempt at sexual intercourse with her husband, which caused her to suffer such acute pain that she almost fainted, she dates all her trouble. The sexual act was also followed by severe hemorrhage which persisted for a month; the passage of feces and flatus per vulvam was at once noticed. Every repetition of the sexual act for the next two or three weeks was followed by renewed bleeding, and even at the present time, she suffers severely during intercourse. The passage of the fecal matter through the vulva gradually increased in degree, until the rectum was evacuated entirely through the vulva. There has been entire inability to retain flatus and feces.

Examination.—The finger on entering the vulva passes at once into the rectum through a patulous opening of sufficient size to admit two fingers.

Inspection shows a perfectly intact crescentic hymen of moderate thickness and rigidity, having a small anterior opening. Immediately in front of its posterior attachment is an irregular transverse tear, one inch and a half in its longest diameter, with thickened and everted edges, extending backwards and upwards for about one and a half inches, exposing to view the mucous membrane of the bowel. The vagina is small and has evidently never been entered. The operation proposed by Dr. Joseph Price and done by him March 16, 1886, consisted in freshening the edges of the tear,partially loosening the hymen from its attachment, and using it as a flap to supply the deficiency of tissue. Shotted silk-worm-gut sutures were used, and the closure after the operation was complete, and resulted in perfect union. This form of injury to the vulva is very rare, for although sixteen cases[1] of rupture of the vagina have been reported during late years as occurring during coition, only one of them, recorded by Blumenthal and operated on by Sir Spencer Wells at the Samaritan Hospital in 1860, bears any resemblance to the present case, which, from the careful analysis given it by Dr. Harris, is, without doubt, one of vulvo-rectal fistula. This form of fistula is much less common thsn the recto-vaginal. The case here reported is of especial interest, from the fact that the traumatism undoubtedly occurred during first coition; from the virginal condition of the hymen, and from the long time during which sexual relations were maintained under circumstances which must have been disagreeable to both husband and wife. There was no sign or suspicion of specific taint in either man or wife.

Dr. Harris remarked that he had seen and examined the patient, and was struck with her emaciation, inquired of her sister if she had not lost a great deal of flesh since her marriage. This brought out three photographs, all of which represented a short woman of full habit, one of them having been taken two months before her marriage. The sister stated that the patient had no control over her evacuations from the rectum, and that she was being constantly soiled by their escape. But for the fact that the husband had been deprived of his prepuce in infancy, thereby rendering the penis callous, by the exposure of the glans to the air, it is hardly possible that he could have forced the organ through the flesh as he did, without so much personal suffering as to compel him to desist. Possibly, also, the tissues penetrated may have been less resisting than normal. As the arm of a fetus has been known to perforate the rectum and protrude at the anus during labor, without laceration of the perineum, there must be in some women a much less than usual strength in the rectal wall. In considering the emaciation of this woman during the eighteen months of her married life, the question naturally arises, was this condition due to the want of rectal alimentation, to the constant loss of fecal matter, or to the depressing effects of her condition, weakening her appetite and rendering her life miserable. The opening through the fossa navicularis into the rectum, corresponded exactly with some of the cases of congenital malformation which Dr. Harris had met with, and particularly with one in a large, stout primipara. In her, however, there was a slight anal sphincter, and, except when affected with diarrhea, she had control over her evacuations. The only case upon record which corresponds to this was operated upon by Sir Spencer Wells, in December, 1859, at the Samaritan Hospital.

Dr. Price remarked that eighteen gut sutures were introducd in closing the wound.

Dr. Chas. Meigs Wilson exhibited a

1 Paul F. Mundé, two cases, Boston Med. and Surg. Jour., 1885. Treiss, two cases, Centralb. f. Gynekologie, 1885. Chadwick, one case, Boston Med. and Surg. Jour. Colles, one case, London Med. Times and Gaz. Schroeder, one case, Gynecology, last edition. Blumenthal, one case. London Med. Times and Gaz., 1860. Thompson, one case, Med. News, 1865. Ross, one case, Canadian Med. and Surg. Jour. Massalitinow, one case, Centralbl. f. Gynæk. Kleinwachter, one case, Wien. Med. amdsse, 1885. Cayley, two cases, Indian Med. Gaz. 1871. Neumann, one case, Lect. in Allgemein. Hosp., Vienna.

FIBROID POLYPUS OF THE UTERUS.

This specimen was removed three weeks ago, from the uterus of a patient with the following history. For the past three years she had been flooding almost constantly. Her flow had increased regularly at her catamenial periods, and at no time had it entirely ceased. She had suffered, all that time, agonizing pain, greatly increased during the menstrual period. The continued loss of blood had reduced her weight one-fourth, and the continued anemia of her nerve centres had produced characteristic effecto. During all this time she had had given her all the agents of the pharmacopeia vaunted for their efficacy in controlling uterine hemorrhage. But the cavity of the uterus had never been explored, save in a desultory way with a sound. When first seen she was extremely anemic, emaciated, troubled with insomnia, and had a very irritable stomach. The uterus was dilated with the Elwood Wilson curved dilator. The growth, then readily seen, was grasped with a volsella and dragged as far as possible from the uterus; a curved crescentic-shaped, probe-pointed bistoury was then made to sweep over the surface of the growth until it came in contact with the sessile attachment of the tumor which was severed with a sawing movement of the knife. Prior to the operation, large doses of the fluid extract of ergot were given to the patient for forty-eight hours in order to insure powerful contraction of the uterus after the tumor was removed. Immediately after the ablation of the growth, the cavity of the uterus was smeared with a solution of one part of Tait's iodine and two parts of pure carbolic acid. During the operation, the patient lost half an ounce of blood. The removal of the tumor would undoubtedly have been accompanied by excessive hemorrhage had not the precaution been taken to secure prompt uterine contraction by the previous administration of ergot. The patient made a happy recovery, has lost no blood at all since the operation, has gained in weight and improved in appetite. The case carries with it its own lessons. All the fruitless medication, and the long period of suffering and distress might have been avoided, had her medical attendants, at the beginning, dilated and explored the uterine cavity, removing the cause of the hemorrhage instead of temporizing and making use of methods, which at best, in cases of continued hemorrhage from the cavity of the uterus, are of a prophylactic nature. The polypus,when fresh,was four inches in length, two and a quarter in breadth and one and three quarters in thickness.

DR. GOODELL thought it was an error to expect hemorrhage after the removal of uterfibroids. Velpeau had removed had removed a very large number of these tumors and his method had been to cut them away by means of a knife and yet he had hemorrhage in two cases only. Dr. Goodell has removed very many of these tumors and has emyloyed every method; he has never had any trouble from hemorrhage. In Constantinople while young in experience, and in consultation with another very young man he saw a case in which auto-enucleation had commenced. The tumor was too large for removal by means of the écraseur as the vagina was so filled up that the wire could not be got up to the base of the tumor. They concluded to cut off all they could get at; and then gave ergot. The next day another large slice was removed, and at the end of a week they succeeded in dividing the false pedicle and all was safely removed without any hemorrhage whatever. Since then he has ceased to fear hemorrhage and thinks a danger is incurred by the use of ergot in causing contraction of the cervix uteri, and incarcerating the tumors He removes many sub-mucous tumors by dilating the cervix with his dilator, passing in the poly pus forceps and accomplishing the diagnosis and removal at the same time, the latter being effected by twisting. When he has recourse to the écraseur, he now uses the finest piano-wire which is more efficient than the heavier and less likely to break. He first pushes the écraseur up to the fundus uteri with the wire bent over and then coaxes the wire up, and in this way has little trouble in getting it around the base of the tumor. Before tightening the wire he removes traction from the tumor and pushes up with the écraseur, so as to correct any inversion of the uterus that may have been caused in pulling she tumor down. Now when the wire is tightened the tumor will be divided without fear of injuring the uterine tissue.

DR. HOWARD A. KELLY said the choice of method in these cases should depend largely upon the individual peculiarity. Chassaignac's écraseur has rendered him good service in those polypi having broader bases of attachment, but when this is at the fundus and a large tumor chokes the vagina or cervix-uteri, the difficulty of satisfactorily fixing the loop is very great. The porte chaine added to the écraseur by Marion Sims is serviceable,but nothing will compare with the flexible, easily adjusted wire of a Braxton-Hicks écraseur. Where the pedicle was neither large nor dense, he has had great satisfaction in the use of phosphor-bronze wire, which is so much more easily

manipulated than piano wire. Scanzoni's plan of cutting the tumor off where the pedicle is long, is excellent and safe. It goes without saying now that rigid antiseptic precautions should accompany any such operation.

Dr. Parish did not think there was much difference in the methods of different operators. He never gives ergot before any intra-uterine operation in which he wishes relaxation of the cervix. With the écraseur he uses wire and introduces it in the manner described by Dr. Goodell, and uses jeweller's pliers to manipulate the wire, pushing it up and around the tumor. He has no fears of sepsis if all the tumor be removed, but he take the precaution of injecting a very hot solution of mercuric chloride after operating.

Dr. Montgomery has had free hemorrhage after removing uterine fibroids by means of the écraseur. This hemorrhage was so free in one case that hot water injections would not control it, and Monsel's solution was applied with success. He, however, would not give ergot before hand, for fear of causing rigidity of the cervical tissues. In one instance large piano wire snapped several times on account of the firm dense character of the pedicle and he had recourse to cutting away portions of the tumor, the remainder being thrown off by natural action. The tumor had been adherent to the posterior wall of the uterus and had been partially enucleated before operation. The patient was very weak and septicemia and death resulted. In a case in which he used the wire écraseur, a portion of the tumor was left; it was thrown off by auto-enucleation and was very offensive. The patient did not suffer from sepsis, but having wounded his own finger with a tenaculum in its removal, he was very sick in consequence. He thinks the spoon curette or saw, would be the best instrument in the enucleation of large fibroids.

Dr. Goodell carefully cleanses out the vagina before and after operation. He formerly used carbolic acid, but now prefers the mercuric chloride. He prefers the high note piano wire, which has never broken in his hands, as it cuts as well as crushes.

Dr. W. S. Stewart is glad to hear about the greater strength of the small piano wire, as he has been using triple twisted wire and has been much troubled by its breaking, so that he has given it up for the chain. He had mentioned his trouble to Gemrig who recommended iron wire, which has been answering a very good purpose. He much prefers Labarraque's solution of chlorinated soda as an antiseptic and disinfectant.

Dr. Goodell remarked that the finer piano wire was not stronger but was more efficient, as it cuts more easily through the tissues. Twisted wire will break more easily than single because the strain on the different strands is unequal.

Dr. Baer agrees with Drs. Goodell and Parish as to the unadvisability of using ergot before operating. He has given up the écraseur on account of the difficulty attending the breaking of the wire. He is now in the habit of pulling down the tumor and removing it piecemeal. He uses vinegar if a styptic is needed.

Dr. Wilson has seen one death follow the use of the écraseur, and has had trouble in adjusting the wire; the liability of removing uterine tissue by the wire is a great danger. He thinks it better to drag the tumor down and cut it off in pieces. He feared hemorrhage in this patient on account of the fearful loss of blood which she had already sustained. He considered prophylaxis the safer course.

[to be continued.]

NOTES AND ITEMS.

"A chiel's amang you takin' notes,
And, faith, he'll prent 'em."

—The "New York Medical Record" of June 5th says: "The 'Weekly Medical Review' heads its department of 'Notes and Items' with

'A chiel's amang you takin' notes,
And, faith, he'll prent 'em.'

Our usually alert contemporary was nodding when it printed the above lines, and for the credit of the present geographical and future medical centre of the country, we trust they will be corrected."

We submit first, that a physician has a right to treat Burns as the case may require; and, second, that in intentionally sacrificing accuracy of quotation to grammatical construction we have not greatly erred.

To have quoted "prent it," would have necessitated the giving of the full couplet, and we did not care to note the holes in our "brither's" coats. We only wanted the last two lines, the "notes" being an important feature of every live medical journal.

As the present postal service does not reach Burns, we made, without his consent, the final pronoun plural, to agree with his "notes." It would have been singular if we had not.

—Is medicine an obstacle to culture? Germicides are supposed to be obstacles to the culture of bacteria.

—"The Dry Treatment of Side-walks" is the subject of an editorial in the last number of the "Journal of the American Medical Association." We have had the "dry treatment" in diseases of the ear, and afterward of the vagina. We suppose the "dry treatment of the side-walk" is only another step.

—The difference between a cow and a baby.—One drinks water and makes milk—the other doesn't. [*Honi soit qui mal y pense.*]

—Many of our thriving St. Louis doctors are "hieing away" to get a rest, recalling the lines of Holmes:

Ye healers of men, for a moment decline
Your feats in the rhubarb and ipecac line;
While you shut up your turnpike, your neighbors can go
The old roundabout road to the regions below.

And suggesting to us,

Ye men of success, for a moment get out
Of the way of your "youngers," who are hungry, tho' stout;
While you shut up *your* traps, your juniors can see
A fair chance to get get clients and get a good fee.

—The many friends of St. Luke's Hospital will be glad to learn that a grateful patient, recently deceased, has bequeathed a liberal sum of money to the hospital, in recognition of kindnesses received. An additional sum of five hundred dollars was left to Mrs. Chambers, the efficient trained nurse in charge of the first floor of the hospital. The latter amount was indeed well bestowed, as all who know Mrs. Chambers and her calm, discreet, skilful and unselfish work can testify. Such expressions of gratitude are more practical, and not less enjoyable than the many "God bless you's" received from suffering humanity.

—Frank Davis, of Belleville, Ill., writes us as follows: A gentleman taking advantage of the nice weather, planted some seeds, among which he noticed some strange ones. As all the seeds came up except the strange ones, he dug a few up and brought them here and wanted to know what kind they were. I cut one through, and found it to be a gelatin-coated cathartic pill. I think he will have to wait awhile before the rest will bloom.—(National Druggist)

We have frequently planted gelatin-coated cathartic pills in the stomachs of our victims, which manifested a much stronger inclination to "come up" than they did in the above instance. Possibly in our cases the soil was not congenial to the seed.

—The St. Louis County Medical Society was organized last week at Kirkwood. Dr. Steinhauer is president, and Dr. M. Clay Wyatt, secretary. Meetings will be held on the first of each month.

—Removal of Foreign Bodies.—A correspondent calls attention to the fact that the late Dr. John Hodgen, of St. Louis, devised the identical plan of removing foreign bodies by means of a silver wire loop which was published in this journal for May 1st, as by Jonathan Hutchinson. Dr. Hodgen also devised and published a cut of an instrument having two loops at right angles to each other. This is a singular instance of two persons hitting upon the same plan for a difficult, although minor operation. Dr. Hodgen used it for a urethral calculus.—Medical News, June 5th.

[This is also a singular instance of one person "hitting" upon a plan a dozen years after its publication by another.]

—Our report on Orthopedic Surgery in this issue is forwarded to us by Dr. Hodgen, who is searching for new ideas in the hospitals of the East.

—A physician from Laurens Co., South Carolina, reports that the spinal column of the twelve year old son of one of his patrons is prolonged into a wagging tail covered with a thick growth of hair.—"Chicago Med. Times."

During the past year a very interesting case of fractured leg was under our care, involving many instructive points, and not the least "striking feature" of the patient, we observed, was a prolongation of the spinal column, similar to the one above quoted, resulting in a complete tail, covered with a thick growth of hair. We trust that the interest in our tale will not be lost when we state the fact that our patient was a faithful but unfortunate dog.

—Dr. Oliver Wendell Holmes is receiving the highest honors in England and America and our profession in particular should feel truly grateful.

Our charming "autocrat of the breakfast table" finds himself an "aristocrat at the dinner table" of the aristocracy of brains in England, as well as among the nobility. The Queen does herself honor in honoring him.

—The *London Lancet* states that a Swiss physician has devised a plan by which he can photograph the uterine cavity in cases of carcinoma, fibrous polypi, fibromata and endometritis. We are inclined to think the picture might be mistaken for cuts of the Mammoth Cave in Kentucky by the uninitiated, unless the label be attached.

—The Recent Meeting of the American Medical Association.—The immediate effect of the St. Louis meeting of this important National body must be to strengthen its own position at home and abroad, and to assure the profession every where that the International Medical Congress will certainly be held in the fall of 1887, according to the programme prepared for it. The Association unanimously adopted the report of its own Committee of Arrangements, appointed last year, and transferred the whole care of the Congress to the Executive Committee. This is as it should be, and it is to be hoped that many of those who have hitherto held aloof from prospective participation in the Congress, from personal feelings or from sympathy with those who imagined that they had cause of dissatisfaction at the course of the Association in the matter, will sooner or later count themselves among the active workers for the success of the Congress, with the view of tendering to the profession of the whole world the warm reception which our characteristic hospitality as a Nation and as individuals should fully guarantee.—"College and Clinical Record."

—The Executive Committee of the Ninth International Medical Congress, at a meeting in St. Louis, May 3d, elected Dr. N. S. Davis to the presidency; Dr. J. A. Grant, of Ottawa, Canada, to fill vacancy in vice-presidency; Dr. J. B. Hamilton, Supervising Surgeon of the U. S. M. H. S., to the office of Secretary General; Dr. James F. Harrison, of the Medical Department of the University of Virginia, President of the Section of Gynecology; Dr. J. H. Callender, of the University of Nashville, Tenn., President of the Section on Physiology; Dr. A. B. Palmer, of the University of Michigan, President of the Section on Pathology; Dr. E. Williams, of Cincinnati, O., President of the Section on Ophthalmology; Dr. Wm. H. Daly, of Pittsburgh, Pa., President of the Section on Laryngology, and Dr. Wm. Porter, of St. Louis, Mo., Secretary of the same; Dr. H. O. Marcy, Vice-President of the Section on Gynecology, and Dr. Albert L. Gihon, President of the Section an Collective Investigation, Nomenclature, Vital Statistics, and Climatology. These appointments, with much additional detail work, enable the committee to prepare for the issue of its second circular giving the complete organization of the Congress in so far as it is concerned.—*Lancet.*

—"If the Weekly Medical Review, of St. Louis, continues to improve as it has done during the past few months, it will justly be entitled to the first place among the weekly medical journals, New York publications not excepted.—(The People's Health Journal.)

—It is officially announced that Senor Rafael Alcalde y Buril has been appointed surgeon-dentist to the infant king of Spain, whose birth lately gave rise to so much rejoicing in the Spanish capital. The *Globo* inquires, very naturally, whether the young king was born with teeth. In any case the post of this professor of the gentle dental art will, for some months to come, be as much a sinecure as that of the surgical instrument-maker, who was recently addressed by a country customer as "suspensory bandage-maker to Her Majesty."

—The Society for Cremation, in Copenhagen, has bought a site for a crematorium, for which it has given 22,000 crowns. Prof. Dahlerup has drawn the plan of the building, and the erection will be hastened so as to be used this year. It was originally intended to build the furnace on Siemens' method; but the cost being excessive, the Italian plan known as Goroni's has been substituted, the cost of which will be 9,600 crowns.

—*The Sanitary Monitor* is a new exchange that comes to us from Richmond, Va. J. F. Winn, M. D., is the editor. The first number is an attractive one. The title-page bears the following quotation:

"Hygiene aims at rendering the Growth more perfect,
Decay less rapid, Life more vigorous, Death more remote."

—Parkes.

—Massage and Assimilation.—The effect of massage on the assimilation of nitrogen has recently been studied by Dr. Gopadze, of St. Petersburg. His experiments were conducted on four medical students, who for three weeks lived on a certain diet, and allowed all their dejections and urine to be subjected to analysis. The results showed that, during the second of the three weeks, when alone massage was practiced, all the subjects consumed more food and assimilated more nitrogen than during either of the weeks in which massage was not practiced. The author suggests that massage will probably be found useful in a considerable number of diseases, amongst which may be mentioned gastric catarrh, dilatation of the stomach, chronic constipation, and atony of the intestines. He advises also, that instruction should be given in massage in medical schools, and in the training institutions for "feldshers." This latter class of practitioners supply the place filled by apothecaries and native doctors in India; but, as far as education and training are concerned, they may be more properly compared to hospital sergeants.—(British Medical Journal.)

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REPORTS ON PROGRESS.

REPORT ON NERVOUS DISEASES

BY C. H. HUGHES, M. D.

I. JAUNDICE AND NERVOUS DISEASES.
II. DELUSION FROM INTESTINAL CONCRETION.
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IX. COMMUNICATED INSANE DELUSIONS.

JAUNDICE AND NERVOUS DISTURBANCE.

Dr. C. V. Boarmod (*Journal of the American Medical Association*, May 8, 1886) reports a case in which jaundice suddenly came on and as suddenly disappeared. That nervous causes can produce jaundice has long been recognized. Ponfick, Murchison and other students of hepatic disease have shown that the forced suppression of an emotion results, at times, in jaundice. Repeated attacks of migraine cause hepatic enlargement through vaso-motor paralysis. It must be remembered (Ross, p. 741) that the hepatic vaso-motor nerves originate on the floor of the fourth ventricle, and pass through the cervical and upper dorsal regions of the spinal cord, and the *rami communicantes* opposite the fourth dorsal vertebra, to join the sympathetic, and ultimately enter the liver as the hepatic plexus. With these anatomical relations in mind, it is easy to understand the occurrence of jaundice after emotional disturbance, and the cases pointed out by Fabre, (Thése de Paris. 1872) in which recovery from insanity occurred on the appearance of jaundice.

DELUSIONS PRODUCED BY INTESTINAL ACCUMULATION.

Dr. A. E. Bridger (*British Medical Journal*, April 10, 1886) reports the case of a hitherto healthy fifty-year-old woman who began to be depressed, to run down in flesh, to lose appetite, to have a harsh, dry, yellowish skin and in about four months hallucinatory delusions developed. She refused food claiming it contained arsenic and sulphur; claimed that smells of tobacco, phosphorus and sulphur were produced by her husband and children to annoy her, but as she left the house, the smells continued, whence she believed herself the victim of a general conspiracy. The grocer, baker, butcher and milkman were reported by her to the police, as having made attempts at poisoning her. When brought under Dr. Bridger's care eight months after this, she was much emaciated, disinclined to talk, had a stupid, spiritless aspect, a cachectic looking skin, yellowish conjunctivæ, etc. She made no special complaint, other than of the conduct of her friends. The bowels were said to be regular. The urine was thick, depositing lithates in abundance; no albumen or sugar. Examination of the special senses and of the chest resulted negatively. Inquiries about the abdomen elicited the fact that a sense of weight and of movement had latterly been much complained of.

On inspection, a curious state of matters became apparent. The position of the transverse and descending colon was occupied by a large elevated ridge, and the movements of the smaller intestine were distinctly visible

through the thin abdominal walls. This was due to an immense collection of hardened feces, which it took several days, with the aid of spoon-handles, injections of glycerine, castor oil, hot water, and the free use of mild aperients, to remove. The first scybalum passed was so large and hard that it actually once seriously occurred to Dr. Bridger to place the patient under chloroform, and extract it with Simpson's short forceps.

Six weeks from this time the patient had increased wonderfully in weight. She ate well and slept well, and no traces of her delusions remained. Her friends declare that she is in better mental and physical health than she has been for ten years. While it is possible that the case was one of melancholia due to digestive disturbance in which the mental disturbance produced intestinal anesthesia which resulted in the fecal accumulation and the obviously secondary delusions, it is also possible from the age of the patient that there was a climacteric element in the case, in which condition of things a return of the symptoms may be expected, and surveillance of the patient would, therefore, be desirable for some time yet. There are hints in this last direction in the statement about the friends.

Optic Neuritis from Saturnism.

F. O. Wadsworth (*Boston Medical and Surgical Journal*, Aug. 6, 1885,) reports the following cases of saturnine optic neuritis:

A boy nine years old had suffered from obscure febrile symptoms for several weeks, and movements of the left eye had been imperfect. When first seen by Dr. Wadsworth, there was pronounced double optic neuritis. The rest of the fundus normal; vision was much diminished; no lateral movements of left eye could be made, and movement downward was impaired. The outward movement of right eye was defective. The probable diagnosis was tumor in the pons region. The movements of the eyes became still more impaired and vision sank. The boy developed pretty distinct symptoms of typhoid fever; the spleen and liver were both enlarged; lead was found in the urine, and the diagnosis of tumor was then abandoned. The treatment was with potassium iodide. The general condition gradually improved; the neuritis passed into atrophy, leaving too little vision to count fingers. The movements of the eyes were completely restored, and the lead disappeared from the urine. The source of the lead-poisoning was found to be a piece of lead pipe in the cistern from which the drinking water was obtained.

Psychical Impressions as a Hemostatic.

Dr. H. Corson, Coonshocken, Pa. (*New York Medical Journal*, May 22, 1886,) says that early in his practice he lived near an old lady who was reputed to have the power "to stop blood and and take out fire." After her death people came to her to get her to exercise her "gifts," but were told by a friend of Dr. Corson's that the old lady was dead, but that as for her "gifts," this friend would say: "Dr. Corson can do it now; he used to attend the old lady, and can do it as well as she could, but he is not at home now." In this way it got abroad, without Dr. Corson being aware of it, that he could "pow-wow" effectually, and and that as soon as he could see a person who was bleeding it would stop. In consequence, he had the following experience in two cases: "I was called at midnight to see a man who was said to be bleeding to death after having had a tooth extracted by Dr. Pawling I inquired why they did not send for Dr. Pawling. 'The man wants you.' After a little parleying I went. There was a wooden bridge over a stream on the road, only fifty yards from the house, and the noise of my horse's feet, when they struck upon it, could be plainly heard by those in the house. I found the man covered with blood; all the front of his chest and down along his sides it lay in clots: I said: 'Do you still bleed?' 'No not now.' 'When did it stop ?' 'Just now.' So I sat down, fifteen minutes perhaps; still not a drop did it bleed. Where the large molar had been there was a large clot of blood. I thought, Now, shall I go home? it will probably bleed again; so concluded to remove

the clot and stuff the cavity full of cotton saturated with a styptic. I cleaned it out completely, and not a drop of blood came. I waited a while again, but there was no bleeding, and I went home. It bled no more. A couple of months after this, I was asked to see an intemperate man who, at a tavern near by, was bleeding from the nose. He was sitting on the porch, and several persons there had been attending to him. He could see me coming when I was the eighth of a mile away. He had a very large, red nose. I found him sitting on a bench. His clothes were smeared with blood, and he had bled many hours, but there was none dropping then. 'Why,' said I 'your nose don't bleed now.' 'No,' he said 'but it only stopped a few minutes ago.' After talking a few minutes to those about him, I took hold of the end of his big nose, and shaking it, said jocosely, 'Oh, it will bleed no more,' and went home."

From these cases he is of the opinion that if, in cases of flooding, the patient could be inspired with confidence that there was no danger which her physician could not avert, it would be a powerful means of safety to her.

Chorea Mistaken for Insanity.

Dr. Stedman (*Boston Medical aud Surgical Journal*, Aug. 6, 1885) says that in 1883 he wrote: "Although many of the ordinary cases of chorea are attended at some stage by mental phenomena, the motor symptoms so far predominate as to completely mask them. On the other hand, in the most severe cases the mental disturbance, which is often quite pronounced, being intensified by the energetic character of the movements, is apt to mislead the practitioner, who considers the patient simply insane, and sends him to an asylum. Whereas, if the case had been recognized at the start to be one of chorea, he would hesitate to do so." Within a year following this statement three cases of acute chorea in adults were admitted to the Danvers Lunatic Hospital, under the same circumstances. Should a case of this kind, in a patient who could command better facilities at home, be committed to any asylum under like circumstances through a mistaken view of his trouble, it might be a serious matter to all concerned.

Insanity, Rheumatism and Gout.

Dr. Legrand du Saulle (*Gazette des Hopitaux*, 1886, p. 57-59), who is evidently unacquainted with the researches of Kräpelin (*Archiv fuer Psych.*, B. XI), comes to substantially the same conclusions as that observer. He finds that psychical symptoms during hyperpyrexia are sleep-talking followed by slight delirium, succeeded by severe delirium, and death in many cases; second, a form coming on, a week after the disease, of either a true maniacal or melancholic frenzy type; third, a form which presents itself in the shape of a true agitated melancholia, or an acute confusional insanity, with hallucinations. The gouty types are the same as those described in *Alienist and Neurologist*, 1883.

Cerebral Tumors.

Dr. Philip Zenner, of Cincinnati, has recently discussed this subject before the Cincinnati Academy of Medicine, and following is an epitome of his observations and conclusions, as they appear in his original paper in the *Cincinnati Lancet and Clinic*:

Headache is the most common, and usually the earliest symptom. The pain is often of great intensity. It is then most likely to occur in paroxysms. If the pain be quite circumscribed and constantly in one place, it is likely to point to the seat of the tumor. This is especially true, if there be also tenderness over the same part.

Convulsions are a less common symptom than headache, but occur in nearly half the cases. They may occur with tumors situated in any part of the brain. The convulsions can often not be distinguished from those of epilepsy.

Double optic neuritis is also a common general symptom, and is, of all, the most nearly pathognomonic. It probably occurs in the

majority of cases, though it is sometimes a transient condition, and not detected unless sought for. Blindness setting in rapidly, and at an early period, is usually due to a complicating condition, and is a symptom which has much value in localizing the tumor.

The vomiting caused by brain tumor is usually distinguished from that due to the stomach by its occurring equally, whether that viscus be full or empty, and by the slight subjective symptoms accompanying it.

The mental symptoms, apathy, loss of memory, somnolency, etc., usually occur at a later period, though they are rarely absent.

Vertigo, attacks of syncope, etc., though brought on by heightened intracranial pressure, often point to the cerebellum as the seat of lesion.

Intercurrent apoplectic attacks are generally due to hemorrhage in or about the tumor.

The chief focal or localizing symptoms of brain tumors are paralyses of the cranial nerves, hemiplegia, hemianesthesia, monoplegia, partial spasms, a reeling gait, aphasia, and hemiopia. The occurrence of some of these symptoms often enables us to determine the seat of the tumor.

The diagnosis of the existence of a brain tumor is based upon the presence of the general symptoms, or upon the gradual appearance and increase of focal symptoms, or upon both. When an individual suffers from persistent headache, especially if unaccustomed to it, a careful examination should be made for other symptoms of brain tumor. If double optic neuritis is also found, there can be little doubt as to the diagnosis.

Gossypium in Epilepsy and Paretic Dementia.

Dr. Clevenger (*Journal of Nervous and Mental Disease*, March, 1886) says that gossypium root is of the same value in epilepsy and paretic dementia as ergot. The fluid extract can be given in a dose equivalent to three-quarters that of ergot. It is less liable to produce gastric disturbance, and acts more rapidly than ergot.

Communicated Insane Delusions About Patent Medicines.

Dr. Clouston (*Mental Diseases*) says: "The gentleman who has discovered the new elixir of life wrote out an advertisement which would have done credit to the most successful patent medicine proprietor. He used to make it up in the asylum, and wanted much to try it on the patients, but none of them believed in him or would take his nostrum. But he was allowed to go out for a walk into town occasionally, and I found that he used to take a few of his bottles with him, and sometimes sold them at five shillings ($1.20) apiece—this lunatic—to sane Edinburgh citizens!"

EDITORIAL NOTES.

On Strychnine in Dipsomania.—The *British Medical Journal* contains the following note: In the *Vratch*, No. 10, 1886, p. 177, Dr. U. M. Popoff, of St. Petersbug, states that, guided by the works of Magnus Huss, Luton, Dujardin-Beaumetz, and others, he employed nitrate of strychnine in two typical cases of dipsomania, and obtained strikingly successful therapeutic results. In one of the patients (a very gifted man of letters, aged 40), the alkaloid was administered under the skin, in the dose of 1-30 of a grain at first (during a drinking bout) daily, then every other day, then twice a week, etc. The patient ceased to ask for drink after the second injection; within the next two days, various morbid phenomena (headache, weakness, discomfort, etc.) disappeared. On subsequent occasions, a few injections of 1-60th or 1-45th of a grain of strychnine rapidly removed craving, anxiety, irritability, agoraphobia, and other premonitory symptoms of a threatening dipsomaniac attack. The patient each time rapidly improved in all regards, and felt desire for work and society. In another patient, dipsomania disappeared under the internal administration of strychnine, the alkaloid being given for the first two weeks in doses of 1-30th of a grain, and for another two weeks in that of 1-60th, twice a day, in pills.

ORIGINAL ARTICLES.

ADDITIONAL NOTES ON ERYSIPELAS OF THE LARYNX.[1]

BY WM. PORTER, M. D., OF ST. LOUIS.

It is true that the recorded cases of erysipelas of the larynx are few. It is possible that many cases are overlooked and then some of the deaths from "acute laryngitis" or "edema" are due to this cause. Indeed, as has been before quoted in this Association, Dr. Massei, of Naples, 1885, has taken the position that phlegmonous laryngitis is nothing else than an erysipelas of the larynx, and last year in a paper, to me of great interest, Dr. Delavan closes with this statement: "The writer is certain that, as house surgeon ten years ago in a large public hospital in which the erysipelas pavilion formed an important part of the service, both laryngeal and pharyngeal cases (of erysipelas) were occasionally presented, but their real nature was not then recognized."

The small number of cases reported in this country renders it possible to enumerate them. Dr. Delavan, in the paper referred to, read before the Association, says, "In searching for the records of authentic cases in available American literature, however, we are surprised to find but a single instance in which the disease has been described, namely the one reported last year by Dr. T. A. De Blois. The case reported by Dr. William Porter, was that of an Englishman, whom Dr. Porter attended while residing in London."

Permit me to make a correction. In a paper presented to this Association in 1880 I reported *two* cases. One of these was the case of the Englishman, my notes of which Dr. Mackenzie had already published in his work upon "Diseases of the Throat and Chest," London 1880. The other case reported in my paper was published in the *Archives of Laryngology*, Vol. I. No. 4, December 1880, and consequently was the first case recorded in American literature. This was nearly four years prior to the publication of the report of Dr. De Blois' case, and I feel sure that both he and Dr. Delavan will grant me the privilege of setting the record straight.

I cannot think that in either of these cases there was any error of diagnosis. In the first, which was in the London Hospital in 1874, the diagnosis was based upon the occurrence of the acute and rapid inflammation, the edema and excoriation, the temperature (103° F), the pulse (160), the marked infiltration around the larynx, the appearance of an erysipelatous inflammation around the wound after I had performed tracheotomy, and the fact that there were a number of cases of erysipelas in the hospital, and one, at least, in the adjoining ward. This man had been admitted for a slight fracture. A patient near this man was attacked with erysipelas the day my patient died. On autopsy there were found the characteristic appearances of erysipelas in the larynx, with marked pulmonary edema.

In the second case, which I saw with Dr. Miller, of Rinkleville, Mo., who furnished me the notes for the paper referred to, there was a similar progression of symptoms, and a like history of exposure to erysipelas. I need not fully repeat the history of these cases, and only add that in both of them the condition was recognized early in the course of the disease; in both were the usual constitutional remedies, commended in erysipelas, used freely; in both I did tracheotomy, and both died within three days from the date of attack.

I feel that I have been unfortunate, in that the only two cases, which I have been willing to designate as erysipelas of the pharynx and larynx, have been so formidable. In neither case did there seem to be any hope of recovery, the constitutional and local symptoms being most determined and aggressive. I am glad to note that the case reported by Dr. De Blois, the two given by Dr. Delavan, and one by Dr. Roe last year, all recovered.

During the last two years I have seen two cases which could probably be classed with Cornil's first division, i. e., erysipelas with simple redness. I must confess, however, that my strongest reason for such a diagnosis in these cases was that the patients had been exposed to erysipelas—one of them, indeed, having a slight attack involving the face and scalp. The appearance in the pharynx and larynx was not sufficiently distinct from that of ordinary acute inflammation, and I cannot feel justified in calling this erysipelas.

I have but one suggestion to add to what has been already advised in the treatment of erysipelas of the larynx, and that is, that where there is great laryngeal obstruction, intubation be preferred to tracheotomy. In this disease, more than in almost any other, an open wound should be avoided, and I am not sure that after intubation the firm pressure of the tube against the swollen mucous membrane of the larynx may be of great service in preventing distension, in retarding formation of abscesses, and in hastening resolution.

[1] American Laryngological Association, 1886.

VALUE OF THE KNEE PHENOMENA IN THE DIAGNOSIS OF DISEASES OF THE NERVOUS SYSTEM.

BY DR. PHILIP ZENNER, CINCINNATI, O.

Abstract of a paper read in the Section on Practice, A.M.A.

This phenomenon has been known to the profession since the simultaneous publications of Erb and Westphal in 1875. Its clinical significance is attached to the fact, pointed out by Westphal in his earliest publication, that it is present in health, and is absent in cases of locomotor ataxia, usually disappearing at the very commencement of the disease. It may also be absent in anterior poliomyelitis and neuritis, when the lumbar portion of the spinal cord or its nerves, are the seat of disease. It may also be absent in many cases of diabetes mellitus, and is sometimes temporarily abolished in chronic alcoholism and after attacks of diphtheria.

Various examinations have been made to determine whether it is absent in health. Berger missed it in 22 out of 1409 healthy men. Eulenberg in 4.8 per cent of healthy adults and 5 per cent ofch ildren. Bloch in 5 out of 694 school children. Pelizans examined 2403 school children, at first missed it in six but finally obtained it in every one. Jondassik examined 1,000 persons, chiefly adults, not suffering with nervous diseases, and elicited the phenomenon in all but one, a case of diabetes mellitus.

The author then gave his own observations, which had embraced the examination of 2106 persons, all of whom were adults, and chiefly males. Of these 1174 were inmates of various insane asylums; the others, excepting 100 in the medical wards of the city hospital, were mostly in apparent health. Of this number the knee phenomenon was abolished in twenty-eight, five of whom had fully developed locomotor ataxia, twelve were in the earliest stages of the same disease, while eleven manifested no other symptom of disease of the cord.

The cases of insanity were treated of separately, because Westphal had shown that, in such cases, the absence of this phenomenon, even when there are no other symptoms, is strong presumptive evidence of disease of the posterior columns of the cord, and because of its special value in diagnosing the form of insanity. Of the twenty-eight cases of insanity with abolished knee phenomenon, ten were cases of general paralysis, and in two it was doubtful whether there was general paralysis or not, notwithstanding the fact that there were at that time very few cases of general paralysis in the asylum. In many cases of general paralysis and locomotor ataxia we have reflexing rigidity of the pupils, they do not respond to light. In 4000 insane, 492 had rigidity of the pupils, 85 of whom had general paralysis. Nine out ten of the essayist's cases of general paralysis had pupil symptoms, one out of the two doubtful cases and only two out of the eleven other cases. Absence of knee phenomena and presence of refractory rigidity of the pupils are of great assistance in diagnosing obscure cases.

In 932 sane persons the knee phenomenon was found about in five, only two of whom had an apparently healthy spinal cord. The fact that the phenomenon is absent in other pathological conditions, does not lessen its significance in locomotor ataxia, for the other conditions can be easily differentiated. In the author's experience it is not so often absent in diabetes mellitus, as some observers believe. Rosenstein missed it in six out of nine cases and Bouchard in nineteen out of sixty-six. The author found it present in all. He did not think it often present in chronic alcoholism. He had examined quite a number of cases in the city hospital, and 404 men at the work house, who were many of them hard drinkers. Strychnia restores it in chronic alcoholism, but doesn't in locomotor ataxia.

The author then spoke of the method of eliciting the knee jerk. After careless examination it is often said to be absent, when it can be readily elicited. The ordinary method will answer in most cases, but in some it will not. Should it fail, the person should sit upon a table with the legs dangling and the knees entirely exposed and the ligament be struck in every part. In a small number there will still be failure by this method. For such cases Jondrassik has recently pointed out another method. The patient is seated as above, and while the examiner strikes upon the ligament he is requested to link the bent fingers with one another and pull as hard as he can. This augments the muscular tonus and the response increases. This method has enabled the auther to find it in a number of cases which did not respond before. So great was the difference that the author thought he might find it in some cases of locomotor ataxia but failed. In some of his cases the response, though present, was so slight that it might be pathological.

Is the phenomenon always absent in locomotor ataxia? Westphal says yes, in typical

cases, whenever the disease affects the posterior columns in the lumbar region, which occurs usually at an early period. Later writers have reported cases with post mortems where it was present. This, however, is so rare as to be of little significance. The essayist had never seen it absent but once, and in this case the appearance was rather that of a diffuse myelitis, than of a systemic disease of the cord. He has a number of cases under observation at present, where the phenomenon is abolished on one side and difficult to elicit, but these are all still in the earliest stages of the disease.

Nervous Diseases After Railroad Accidents.—*The Medical and Surgical Reporter* writes: When a serious accident happens on railroads, the more visible lesions are generally the only ones reported. But after injuries to the head, and after all accidents which are accompanied by more or less concussion, by more or less shock, the immediate consequences are often the least dangerous, and the injuries which the nervous system receives, and which generally make their appearance later, are more important than the morbid signs first visible at the time of the accident.

That the subject has received special attention only of late cannot surprise, for the attending surgeon, after the wounds have healed for the treatment of which he was called in, leaves the patient apparently restored, and often never hears of him again. But of late the grave consequences of such accidents to the nervous system have become more frequent, probably because the concussion suffered by the victims of modern railroad wrecks is severer on account of the greater swiftness of the trains.

Charcot considered the nervons phenomena, which so often develop after the immediate consequences of these injuries have disappeared, to be of an hysterical character; and this view has been held by most observers until Dr. H. Oppenheim, Assistant to the Nervous Clinic of the Charité Hospital in Berlin, investigated the subject, and published the result of his researches in the *Arch. f. Physiol.*, Bd. xvi., H. 3, '85.

From this report, we learn that the psychical disturbances occurring after such accidents usually assume the character of hypochondriasis, while amongst true neuroses hysteria, epilepsy, and various forms of neurasthenia are observed. That we have to do in these cases with genuine neuroses is apparent from a group of symptoms very common in these cases; stubborn headache, vertigo, vomiting, disturbances of motion, impairment of motion, impotency, difficulty in micturition, sensation of a tight band around the trunk, and even immobility of the pupils and atrophy of the cystic nerve.

But though these nervous phenomena in all these cases have more or less the same fundamental character, they are grouped differently in different cases. In some the picture they present does not fit in to the frame of any one group; and many cases show a mixture of psychical and nervous symptoms, and are, therefore, partly psychoses, partly neuroses. In many instances, we, besides, observe signs which clearly indicate a chronic grave lesion of the central nervous system.

Dr. Oppenheim lays special stress on the importance of not considering simulation, when the group of symptoms is such as not to harmonize with our view of what it should be. So many psychical and nervous anomalies are often observed in these cases, that we should long hesitate ere we ascribe to simulation, what may after all be a grave lesion.

Concerning prognosis, O. has never yet seen a case of complete cure. Especially when the symptoms occur in an employee, who continues in the service of the company, the prospects of a cure are very small. In some cases the symptoms are in the beginning for a long time mild, and then assume a graver aspect, a point well to be remembered in the prognosis.

In view of the great uncertainties existing in our food and drink, this is the modern of it: Thou shalt not commit adulteration.—*Med. World.*

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THE WHOLE TRUTH.

The New York Medical Record quotes as follows from the *Canadian Practitioner*, and calls it "*an outside view of us*:"

"While we have pleasure in offering our congratulations on the measure of success attained by the American Medical Association during the last thirty-seven years, we cannot but regret the fact that such success is far short of what might have been expected from the grand army of surgeons and physicians in the United States. During the last four years, those whom we are accustomed to look up to as the leaders of the profession on this continent are but poorly represented at its meetings, and the tendency appears to be to diminish their numbers year by year. When we consider the status of that greatest medical organization in the world, the British Medical Association, and see how immeasurably superior it is to the American Society in every respect, we are utterly unable to evince any great enthusiasm over the results of the St. Louis meeting. Why does the American medical profession allow this condition of things ? Its Association seems to have fallen into wrong hands. Who is responsible for this ?

Believing that one of the first duties of a medical journal is to make a *full* statement of cases quoted, we beg leave to complete the quotation, when it will be seen that the editorial is far from uncomplimentary to the American Association.

"The thirty-seventh annual meeting of this Association was held in St. Louis, Missouri, May 4th to 7th. The general opinion throughout the Union, so far as we can learn from the medical journals, is, that it proved a success. The numbers present were large, the proceedings were conducted with scarcely any friction, the papers and discussions were fairly good, and the treatment accorded by the inhabitants of St. Louis, both medical and lay, was cordial and hospitable in the highest degree.

While we have pleasure in offering our congratulations on the measure of success attained during the last thirty-seven years, we cannot but regret the fact that such success is far short of what might have been expected from the grand army of surgeons in the United States."

Then follows the section quoted by the *Record* with the pertinent interrogation (the italics are ours).

"*Who is responsible for this* ? It is true that a few truly representative men, such as Dr. Davis and others, are active members, *but where are the rest ?*

During the last few years the tendency among our cousins appears to be towards the formation of special societies in the various departments of medicine, surgery, midwifery, etc., where very excellent work is being done. We have the highest respect for these bodies; but have to regret that there is only a slight bond of sympathy existing between them and the larger association. *We* would like to see them look up to the latter body with the same feelings of love and respect which fond children entertain toward a loving and deserving parent; but unfortunately *they* appear to consider it in the light of an elder brother, who, having disgraced the family, is unworthy of recognition."

"An outside view" is far from artistic, when the best parts of the landscape are omitted.

THE MEDICO-LEGAL SOCIETY OF CHICAGO.

A copy of the Constitution of the "Medico-Legal Society of Chicago," with a list of its officers and members, has been handed to us. D. A. K. Steele, M. D., is president, and M. D. Ewell, M. D., secretary.

The Association appears to have been formed in May, 1886, and already has over eighty members. It is with pleasure that we see our Chicago brethren following the lead of their St. Louis brethren, who in January, 1886, formed the Medical Press and Library Association of St. Louis, of which the publication of the REVIEW is but one feature.

The REVIEW will cheerfully endorse the objects of the Chicago Society, which are announced to be "the investigation, study and

advancement of the science of medical jurisprudence, the punishment of unprofessional and criminal practices by members of the medical and legal professions, the prevention of blackmailing and the procuring of such legislation as may be necessary to secure the ends above enumerated."

These objects are similar to what is hoped to be attained by the St. Louis Society. We only hope that similar associations may spring up in other large cities, and that the day is not far distant, when, through their representatives in congress assembled in our great National Association, concerted action, looking towards the advancement of medical science, may still be attained.

G. W.

Carcinoma Ventriculí and Operative Treatment.

The great interest that cases of cancer of the stomach have maintained, from a surgical point of view, have given rise to statistical study of the subject, the large material of the European hospitals affording an especially good basis for comparison and generalization. Hahn gives us the statistics of the obductions held at the Krakenhaus Friederichshain, Berlin. During the past five years, 7205 died at the institution, 166 of the decedents having had cancer of the stomach, a percentage of 2.3.

The analysis of these 166 cases shows the occurrence to have been in 98 male and in 68 female patients. Half of the number were sixty years of age, and over; only two died at less than thirty. In respect to the site it is reported that sixty cases involved the pylorus, forty, the cardia, twenty-seven, the smaller curvature, and twenty-one the whole stomach. In the remaining eighteen cases the localization was at the large curvature in eight instances, at the anterior wall in seven, and at the posterior wall in three cases. In one-half of the pyloric cancers metastatic tumors had arisen in the lymphatic glands of the epigastrium and the porta hepatis. The cancers situated at other points than the pylorus show a still greater percentage of early and extended metastasis.

Of the cancers, twenty-seven were of the scirrhus variety, seventy-five were ulcerated forms, and seven belonged to the gelatinous or colloid description. The latter appear to have an especial disposition to metastasis on the peritoneum.

Hahn proceeds, thereupon, to analyze and group the cases reported with reference to operative interference, and arrives at the conclusion that only a limited number is suited for such treatment. The cancers of the pylorus offer the best opportunities for operation, and, even of their number, only a few were positively recognized as malignant growths at a time when no dissemination had as yet occurred. The recognition of the tumor at the pyloric region of the stomach is not difficult, if the portion remains free from adhesions, so that the tumor drags down the stomach. Distension of the stomach by carbonic acid gas may give good help in mapping out the tumor and determining its connection with the stomach. Great difficulty is encountered in making out the tumor in cases, where the pylorus is fixed at its normal site by adhesions, and remains covered by the liver. Even narcosis is then often insufficient to render palpation unmistakable. The exploratory incision is, then, the only safe means and a justifiable method of arriving at definite certainty.

A review of the cases of recovery after resection of the pylorus shows, that, in nearly all of them, no adhesions existed, and only slight and neighboring lymph-gland infiltration had taken place. In view of this fact, and of the many fatal results and recurrences after the more difficult, complicated operations, Hahn urges a most careful selection of cases for operation. The great majority of the cases are unfit for the resection, and relief can be more safely given by gastro-enterostomy.

The author of the report gives the particulars of four resections of the pylorus executed by him; also of two gastro-enterostomies. Two of the resections died of peritonitis in a

few days. The other two terminated fatally after 2–3 months of recurrence of the neoplasm. One of the gastro-enterostomies died in consequence of a perforation of the gut; the other is doing well, several months after the operation. The plan of operatien followed by Hahn is that of Woelffler, i. e., insertion of a loop of intestine, situated about 40–50 Cm. beyond the plica duodeno-jejunalis into the anterior wall of the stomach, after drawing it upward and over the omentum and the transverse colon.

THE JUSTIFIABILITY OF CRANIOTOMY.—The subject above alluded to has been fully and ably ventilated by arguments *pro* and *contra* in recent numbers of the REVIEW. In connection therewith, it is interesting to hear what Lawson Tait has to say, respecting the issue. He writes to the *London Medical Press* as follows:

Speaking from the mere manipulative experience of the operation, and basing my judgment of course, also largely upon my other experiences in abdominal surgery, I have no hesitation whatever in saying that if I had a hundred Porro operations to do,before craniotomy or any other of the tentative proceedings upon the child had been attempted, I would not have a mortality of more than four or five per cent. The proceeding is so easy, the complications which are possible[so few, and the simplicity of the operation so much greater than that of hysterectomy, that I am sure that this conclusion is not at all overdrawn. As I am not an obstetrician, I can not, of course, argue the qnestion upon the ground of the practice of midwifery, but upon the moral ground, I am quite sure that a Porro's operation is preferable to a craniotomy, for in the latter the child is inevitably destroyed, and the mother runs as great a risk as I think she would in Porro's operation. I feel certain that the decision of the profession, on this point, will be before long to give up those operations destructive to the child, in favor of an operation which saves it and subjects the mother to little more risk, and which has the great advantage that it prevents her from being subjected to a similar risk in future.

MALTHUS'S LAW AND TUMOR-GROWTH.—Rushton Parker, Professor of Surgery in Liverpool University College criticizes Mr. Jonathan Hutchinson, who has asserted several propositions, under this head, in a short pathological memorandum, in the *British Medical Journal*, beginning "Malthus's law of population-increase, by geometrical progression, applies to the growth of tumors. The larger they have become, the more rapid is their rate of progress."

Mr. Parker says: If this law be ever really applicable, it can only hold in the case of tumors that are solid from the commencement and throughout. Whether, even in these cases, it exist or not, I cannot say; but that it cannot in a great many cystic tumors, and in numerous solid tumors that have become cystic in part, is evident. For Mr. Hutchinson says of their progress: "It is a process of cell-multiplication; and the more numerous the cells, the greater the result of their doubling." To be of any service in clinical practice, such law should, at least, be generally applicable. That, however, it can never be; because of a feature in the life of tumors, an apparent rate of growth, that entirely transcends the real rate. I allude to the adventitious effusion into solid tumors of serous or colloid fluids, or liquid or solidified blood. These effusions are quite common in malignant tumors of all kinds, especially the sarcomata, as well as in solid benign tumors composed of, or containing, cystic structures capable of serous and sanious distension; and are also met within the simplest solid benign tumors. It is quite a common history, of this or that tumor, that it has steadily grown in size during so many weeks, months, or years after first notice; but has increased with rapidity during the few days, weeks or months preceding a certain inspection. Even apart from cases in which cystic or hemorrhagic effusion is discoverable to the touch or trocar, there is always a proportion of cases in which this effusion, previously unsuspected, is first made ap-

parent when the tumor is laid open. Many a benign tumor, that has remained stationary for a period by sudden increase becomes inconvenient, and may be thought to simulate malignancy. After removal, or otherwise, or laying it open, the cause is perceived in effusion, that may or may not have been previously suspected. Such rapid increase may overdistend the coverings of the tumor; and so, by ulceration and bursting of the skin, lead to protrusion and a kind of fungation of the growth, another feature that may be thought to simulate malignancy. Even a malignant tumor, on rapidly becoming enlarged, is easily supposed to have assumed a character of unwonted or hopeless inveteracy; such increase being found, on dissection, to be merely due to adventitious effusion; whereas the tumor, in its solid portion, is sometimes seen to have been little more than stationary. These adventitious effusions are no part of the increase proper to the tumor-tissue; but they are a clinical reality that should always be taken into account under circumstances of rapid enlargement.

I, therefore, cannot see that "it is important to remember this law," or that "it may help us, in prognosis, in emphasizing the importance of early treatment," or, for the matter of that, in any way at all; since the rate of a tumor's apparent growth is no sure guide to the rapidity of its real increase.

The Iodide of Sodium Compared with the Iodide of Potassium.—Dr. Daveri, of Bologna, remarks on the comparative merits of the two salts in the *Corrispondenza Scientifica di Roma* (*Chemist*), to the following effect:

1. Soda, being a common ingredient in our organization, the iodide of its base seems best suited to the human system.

2. The taste of the iodide of sodium is less disagreeable than that of the iodide of potassium.

3. It is less liable to produce iodism.

4. It is better borne than the potassium-salt, and in consequence the dose can be almost daily increased; it thus becomes a more efficient remedy.

6. It has sometimes succeeded where the potassium-salt has failed.

6. We may commence by giving daily, in three equal doses, a scruple of this salt, dissolved in three ounces of distilled water, increasing the strength of the solution every two or three days by six grains. Some patients have in this way been able to take two drams a day without suffering the slighest inconvenience.

7. The iodide of sodium is admirably adapted to cases in which the corresponding salt of potassium is indicated.

8. The iodide of sodium is the best substitute for mercury.

Bone-Drainage in the Early Stages of Hip-Disease.—In the surgical section of the Academy of Medicine in Ireland, March 19, Mr. Stokes read a paper on this subject. He alluded to the fact that hip-excision was not maintaining the position in surgical estimation that other joint-resections occupy. This he thought due to the rarity of a sufficient limitation of the disease and the difficulty of maintaining fixation of the limb after operation. He also pointed out the wretched results of methodical expectation, especially where suppuration in the joint occurs. He concurred with those that hold that in the majority of instances the primary changes consist in an inflammation of the cancellous tissue of the bone, the result, usually, of a traumatism. On this ground he urged the desirability of giving an early exit to the inflammatory products in the cancellated tissue. This is done by perforating the bone, and freely applying potassa cumcalce (Vienna paste) along the tract of the wound. Three cases were described that were so treated with a good result.

—Another new monthly that has reached us is "The Ohio Medical Journal," edited by C. M. Miller, Ph. G., of Mansfield, O.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

Stated meeting held Saturday evening, June 12. The President, E. H. Gregory, in the chair.

Dr. Gregory spoke of a peculiar case of pregnancy that he had lately seen. The woman had been sent in from the country, where no positive diagnosis had been made. While there, the doctor had on several occasions passed a sound into the uterus, and it was not until a short time before that he had withheld them, thinking that there might be a pregnancy. There was a constant flow of fluid from the vagina, and the lips of the cervix uteri were extremely soft and lax.

When seen in this city the question was still undetermined, as to whether it was a morbid growth or a pregnancy. Upon one or two occasions the fetal heart was thought to be heard, but without absolute certainty. For several years the menstrual periods had been very irregular, intervals of eight or ten months passing without any sign of them. She was told to wait a short time for further indications, and a few days later was seized with labor pains and was delivered of a fetus weighing only two and a half pounds, but in other respects quite normal. The fetus appeared to be in about its eighth month. Dr. Gregory then spoke at some length of the many sources of error in cases of this kind, and impressed upon the members the importance of using the greatest care in making their diagnosis. Related a case of a woman in whom a tumor of the uterus had been made out, but was also led to think she might be pregnant. The woman herself utterly denied the possibility of her being pregnant, and repeated examinations failed to detect any sound of the fetal heart. The patient being so confident of her non-pregnant condition, the doctor was led to introduce a sound to determine the depth of the cavity of the uterus. It proved to be five and a half inches. That night the patient was taken in labor, and gave birth to a child. After that had severe pain in pelvic region, which finally became unbearable, and he had removed the entire uterus, which was found to be one large fibroid tumor. Patient then recovered rapidly.

Dr. Hulbert spoke of a case in which he thought a want of care had led to the overlooking of a pregnancy. The patient had entered hospital and was thought to be insane; had a delusion that she was filthy and needed constant washing. Would sit for hours in the bath tub in a mass of lather, washing herself. A vaginal examination revealed a bi-lateral laceration of cervix, and thinking the delusion might have some connection with the lesion, he decided to operate. Patient denied any possibility of pregnancy. During the operation the sound was passed several times into the uterine cavity. Ten days after the sutures were removed, and after the lapse of twelve more days the woman was delivered of a fetus. The doctor said he spoke of the case to show how much rough handling the pregnant uterus would sometimes stand.

Dr. Mudd presented a patient to the society, for the purposs of exhibiting to the members a condition sometimes found about the hand after Colles' fracture.

The man had sustained the injury several months ago, and there was great deformity accompanying it, the distal fragment being pushed far above the level of the shaft. The replacement had been successful, and so far as the injury to the bone was concerned, the result was a very satisfactory one. But after firm union had taken place, the stiffening of the wrist and fingers which always is present to some extent in this fracture, and which was very marked in this case, failed to disappear, and the patient had almost an anchylosis of the wrist, and phalangeal joints. Friction and warm applications were used, but without much good being accomplished. The constant current of a battery was then resorted to in conjunction with the other methods, and the wrist began to improve, and the patient appears now to be on the road to complete recovery. The doctor thought the point of interest in this case was the evident disturbance of the nerves passing over the anterior aspect of the radius, at the time of injury, and the disturbance of nutrition in the tissues of the parts below consequent upon that injury.

Dr. Borck referring to the diagnosis of pregnancy, spoke of a case sent to him for operation, supposed to be an ovarian tumor, but a closer examination showed the woman to be pregnant.

The treatment of Colles' fractures was then discussed at length. Dr. Mudd stated his method of treating them to be a straight anterior splint, extending from just below the internal condyle of the humerus to the end of the fingers; then by exhibiting the usual deformity and its mode of reduction on a forearm of one of the members, he showed how, by judicious padding of the splint, the retention of the fragments in a correct position

could be accomplished; namely, by placing a small pad over the dorsum of the distal fragment, and another pad under the lower third of the upper fragment, that is, between the anterior surface of the radius and the splint. A bandage was then closely wrapped about the arm, sewed to retain splint and pads in good position; after the end of the second week, usually, he was in the habit of cutting off a portion of the distal end of the splint, so as to allow the fingers to hang over the end, and enable the patient to move them, thus preventing in many cases the stiffening, which so often occurs.

Dr. Lutz wanted to know what he did with the lower end of the ulna, as that was generally disturbed, and somewhat out of position.

Dr. Mudd did not think it was present to any great degree; that the ulna was quite prominent usually, but did not think it implied any great degree of displacement of it. Had been in the habit, however, of allowing a portion of the dorsal pad to extend inward to the prominent ulna, and overhang its inner border, thus pushing it forward and inward. Stated that he had long since given up the pistol-shaped splint, as he thought the straight one was more comfortable, and gave better results.

Dr. Gregory said he had used the pistol-shaped splint for many years, and was perfectly satisfied with the results obtained from it. Thought that unless he could be convinced of some good reason for giving it up, he would continue to use it.

Dr. Borck said his reason for discontinuing its use was, that the hand bound in that position to a splint, did not feel as comfortable as when straight. Society then adjourned.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Special meeting April 15, 1886, the President, B. F. Baer, M. D,, in the chair.

[CONCLUDED.]

Vaginal Hysterectomy.

Dr. Wm. Goodell exhibited a womb which he had removed per vaginam. The woman had been brought to him by Dr. F. R. Gerhard, of Douglassville, Pa. She was 65 years old, and had given birth to twelve children. She had a hypertrophic elongation of the womb, the sound giving a measurement of minus five inches; her cervix was outside of her body, and it was very greatly enlarged in every direction by a carcinoma. On March 10th, before the students of the University of Pennsylvania, he amputated the cervix after applying an elastic ligature, but finding that Douglass's pouch had been opened, he concluded to perform the radical operation. The womb was accordingly retroverted, its attachment to the bladder severed, the broad ligaments tied *en masse*, each with two strong ligatures and the womb removed. The large gaping wound was closed by seven wire sutures, leaving only a small opening through which the ligatures passed and acted as drainage tubes. Sublimate cotton was lightly packed into the vagina. This was removed twice a day and the wound syringed out with a one-to-two-thousand solution of mercuric chloride. On the next day, the temperature rose to 100.2°, but it never after that day reached 100°. The sutures were removed on the fourteenth day and with some difficulty, as they were now high up in the apex of a cone-shaped vagina. She was able to go home on the twenty-third day after the operation.

Dr. H. A. Kelly remarked that he wished in this connection to emphasize a point of vital importance in every operation where there is either artificial or pathological descent of the cervix proper. The slighest traction, elongating the cervix, draws the vaginal vault down over the displaced supra-vaginal portion, like the finger of a glove, and unless especial care is directed to this point, there is imminent danger of scalping the vagina in any operation then performed on the cervix. In lacerated cervix, particularly where Dawson's scissors are used, (and great downward traction is fashionable), and the bases of the broad ligaments are opened in this way; and in amputation intended to be limited to the infra-vaginal cervix as in this case of Dr. Goodell's, either the scalping process lays bare a broad tract of areolar tissue in the vault around the cervix, or, worst of all, Douglass's pouch is laid open. It is unnecessary to enlarge upon the greatly increased dangers of septic infection. He would ask Dr. Goodell in regard to the after-treatment of this case. In the latest contribution to this subject by Dr. Brennecke, of Magdeburg, in the *Zeitschrift fuer Geburtshuelfe und Gynecologie*, he clearly shows that those cases ran a most favorable course in which the iodoform tampon was not removed for six or seven days, and that syringing after operation, with a view of carrying off foul discharge, is a pernicious practice, as it separates the peritoneal surfaces which have just formed delicate adhesions, and breaks up the early steps of repair without

the possibility of accomplishing its purpose. A point well worth attention is Brennecke's method of dealing with the upper part of the stump of the broad ligaments which are caught in stout ligatures. Experience has shown that the distal end is very apt to slough, and to secure an immunity from the dangers of sloughing, Brennecke ties the ligatures of opposite sides across, and everts the two stumps, thus fastened together, into the vagina where they cannot do harm, and help form a plug for the wound.

Dr. Montgomery questions the propriety of total extirpation of the uterus. How long is the patient likely to live after the operation? If partial removal gives equal relief from the disease for which the operation is performed, and an equal or greater chance for a prolongation of life, it is preferred as the least dangerous. Hoffmeier, in a summary of German gynecological work, opposes total extirpation if it can be avoided. He reports 145 cases of partial and 39 of total removal of the uterus. Ten of each series were fatal. In six of the partial cases the result was unknown. Of the total removals six only were living at the end of two years and none at the end of three years; while of the partial six still at the end of the fifth year. Following the plan suggested by Sims and Van de Warker in cases of malignant disease of the cervix. Dr. Montgomery makes an incision into the uterus at the vaginal junction and dissects upward as closely as possible to the peritoneal surface, while making traction on the cervix; he thus, as it were, enucleates the uterus, leaving a very thin wall; he then stuffs this cavity with a mixture of equal quantities of zinc chloride and water on cotton tampons to cause a slough of any diseased tissue that may have been left behind. If by chance the sloughing should perforate the peritoneum, the previous inflammatory exudation would save the peritoneal cavity from invasion.

Dr. H. A. Kelly does not wish the claim of an eminent American surgeon to priority in this matter to be forgotten. The credit of originating the highest practicable cone shaped amputation of the uterus, and establishing its great utility, its safety and relatively greater success is due to Dr. Baker, of Boston. He uses no cautery, and controls hemorrhage perfectly by the effect of the strong downward traction upon the vessels.

Dr. Parish mentioned an earlier operation by Hirth, of San Antonio, Texas, who practiced the method described by Dr. Montgomery of enucleating the uterus from its peritoneal covering. He divided the vaginal mucous membrane and gradually shelled or scooped out the uterus tissue. The operation was accompanied by great hemorrhage.

Dr. C. M. Wilson thought such an operation very dangerous and liable to be followed by secondary hemorrhage. He has in two cases after Dr. Baker's method used a hot tamponade of the uterus and vagina after the operation. Dr. McCormick, of London, packed the stump with bandage or gauze filled with iodoform and allowed it to remain undisturbed for nine days. This was perfectly sweet when removed and is a good and safe plan of after treatment.

Dr. Goodell said the method of Brennecke's of not washing seemed to him to be undoubtedly a good one, and he would in future adopt it. He once had an alarming hemorrhage from the division of a large vessel after a hole had been accidently made in Douglass' cul-de-sac in the high amputation. Consequently he could not pack the vagina for fear of forcing blood, etc., into the peritoneal cavity, and he had to control the bleeding by twisting a wire around it. He generally uses Paquelin to control hemorrhage in these cases, and has operated upon at least 200 with only four deaths. Neither of the fatal cases were high operations. One death was from secondary hemorrhage, one from tetanus, one from a frank peritonitis and one from septicemia. He thinks the high operation the most feasibly one in the majority of cases in which the womb is movable, and he has extirpated the womb but twice for carcinoma.

Dr. H. A. Kelly exhibited the sac of an

Ovarian Tumor that Weighed at Removal One Hundred Pounds.

Dr. Goodell congratulates Dr. Kelly upon his success in removing such a large tumor. He, Dr. Goodell, had on one occasion removed a tumor weighing 112 pounds from a woman, who after the operation weighed only seventy-four pounds. As in Dr. Kelly's patient the tumor reached the patient's knees, and she could not lie down. After the operation the large folds of the stretched skin were a great annoyance, but after some months it had entirely contracted. The patient made a complete recovery.

Dr. M. Price had been present at Dr. Kelly's operation. A large vein was torn, and a stream of blood as large as his finger poured out. The patient collapsed instantly, and Dr. Price thought her dead, but he was surprised pleased at the effects of a hypodermic injection of fzj. of sulphuric ether, which restored the pulsation quickly.

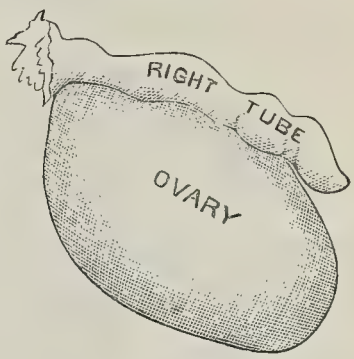
Dr. H. A. Kelly exhibted the

Ovaries and Tubes from a Case of Chronic Ovaritis, Salpingitis and Pelvic Peritonitis. Also the Right Ovary and Tube from a Case of Cellulitic Contraction of Right Broad Ligament with Disappearance of the Meso-Salpinx and Coherence of Ovary and Tube

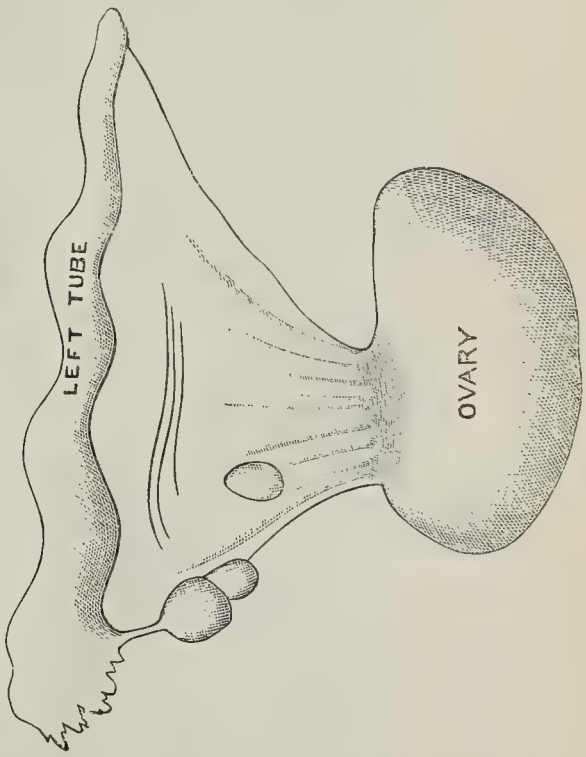
Of which the following is the history: H. P., married, aged 32, IV. parous, has always been irregular in her menstrual function, the flow generally appearing from ten days to two weeks later than expected and being scant. Her last confinement was eleven months ago. Labor was slow. but no instruments were used. The child died in two months. Ten days after delivery she had an attack of "typhoid fever" (sic), and since then she has never been well. During the fever, which lasted many weeks, she had constant severe pain in the right ovarian region, and had repeated chill and flushes of heat. She has at present severe pain in the right ovarian region and constant headache, is unable to work or exert herself in any way. She has not know menstruated for two months, though regular before. She has a leucorrhea which is intermittent in character. Bimnual examination reveals an enlargement on the right side, extending from the middle of the hypogastrium two and a half inches to the right, downwards to the pubis and upwards almost half way to the umbilicus. It is most prominent above, very tender and semi-fluctuant, every movement of the mass carries the cervix with it. The cervix points to the left, and the right fornix is very shallow. The mass has no firm attachment to the pelvis but is easily movable. It seems to spring from the right cornu-uteri.

February.—Pain and sensitiveness great. The right fornix obliterated and the uterus drawn bodily to the right side by a shrinkage in the mass. There is a mass which is as hard as a bone on the left side, like a finger, high up behind the vagina, pointing down in its axis.

March.—After faithful and prolonged treatment consisting for the most part of rest with counter-irritation in the vagina and on the abdomen, and hot douche and glycerine plug, I made an exploratory incision, at my private hospital, on March 27, in the presence of Drs. R. P. Harris, Chas. Herman, Thomas, P. G. Clark, Marie B. Werner Boyle, of Kansas, Bull, of Missouri, Baldy and I. W. Mecaskey, to whose courtesy I was indebted for the case, and assisted by Dr. Jos. Hoffman. The right cornuuteri was found elevated and matted with a mass of mesentery in which it was completely encapsulated. This was slowly detached layer by layer, and the vermiform appendix separated for an extent of two inches. The tip of the appendix gave rise to troublesome bleeding finally checked by the cautery. An enlarged ovary with a withered tube intimately adherent to its periphery was then raised with great difficulty. A black walled cyst, about one and a half centimetres in diameter burst, and a quantity of grumous matter escaped into the peritoneum. The ovary and tube were removed with great difficulty, and a part of the hilum was left in the grasp of the ligature. This was carefully burned. The illustration



gives a correct indication of the structural changes in the right ovary, tube and ligament. The left ovary and tube, which were free and



sound, I also removed, as I was anxious to stop all determination of blood to the uterus. The

figure shows well the contrast between the two. The operation was protracted, lasting one and three-qnarter hours. The patient died on the seventh day of one of those remarkable insidious attacks of peritonitis. She appeared to be doing well until the seventh day, when I found her with a wild, frightened look and a pulse of 200. She had no pain at all. I broke up the adhesions in the lower part of the wound, which looked well, but I could not reach anything within the wound, and she died in two hours. Dr. R. P. Harris was present at the autopsy a few hours later. The recti had a deep red, unhealthy appearance, and a few spots of pus lay in the floor of the wound opened down to the peritoneum. The peritoneum was firmly glued together, and my effort in the morning had not penetrated it, for, as soon as the adhesions loosened, a large quantity, at least a pint, of brown pus rushed out, and I found the whole posterior part of the pelvis shut off from the general peritoneum by firm agglutination of the viscera above and full of the same material. My chief anxiety was to find the vermiform appendix and see if I could blame it for any share in the result. It was found with difficulty, and was covered with a thick layer of lymph. The sepsis came from the matter which escaped from the ovary. I say this for I have never yet seen sepsis in any clean case. Then, in looking back for unnoticed symptoms for future guidance in such cases, several points deserved closer attention than they received. First. She complained more than usual of pain in the first three days. Second. The pulse remained about 112 instead of dropping below 100 as usual. Third. She wandered a little occasionally, insisting once that she saw a man in the room. She was more nervous about herself than any of the other cases had ever been, often insisting on sending for me in the night. These signs taken together are certainly significant in the absence of pulse and temperature indications.

Dr. R. P. Harris saw both the patients from whom these specimens were removed. The ovary in the latter case presented a very peculiar appearance; it was cartilaginous with small cysts. The material escaping from these cysts caused septic peritonitis. The first patient was wonderfully changed by the operation. She was free from pain for the first time in twenty years, and could scarcely be kept quiet, so great was her joy at her release.

A Unique Case of Extra-Uterine Pregnancy. Complete Removal of the Sac and Contents. Recovery.

By Howard A. Kelly.

With a Critical Examination of the Cases of Faradic Feticide and Remarks Upon Its Dangers.

By Dr. R. P. Harris.

Mrs. J. B., 22 years of age, married three years, of medium size, well built, but rather pale and worn looking, has been twice pregnant, the first being a premature still birth, the second a cross birth necessitating turning by the feet. Since the last pregnancy she menstruated seven times. In July she menstruated for the last time for four months, when a flow came on (in November), at which time she passed a piece of flesh called by a doctor a "false conception." Previously to this, she had noticed a swelling in the right ovarian region, which gave her severe pain. This pain was constant until the flow came on when it was relieved. In December, three weeks after the flow, she thought she felt life and believed she was pregnant. She then had colostrum and a dull pain in the breast, and the nipples were coated with a waxy secretion.

Examination.—A tense, smooth, elongate, ovoid sac lay in front of the uterus (which reclined in the hollow of the sacrum), and rising out of the pelvis, pointing over the pelvis, reached half way up to the umbilicus, as she reclined on her back. The tumor was very tender on pressure, and presented a remarkable smoothness and uniformity of its surface. It had a tense, fluctuant feeling, and was distinctly movable, as distinct from but closely connected with the right side of the uterus. She menstruated regularly in January, February and March, the flow being lighter in color, and much more profuse, lasting two or three days longer than her normal menstruation. On March 13, she was menstruating freely, and the note states "the uterus lies, small in size, in the sacral hollow, and in raising the finger from the cervix to the anterior vaginal wall, an elongate, ovoid, tense cyst is felt on the right side; it is about three and a half inches long by two and a half wide. The cyst lies in the plane of the superior strait. The anterior extremity of the ovoid lies at the pubis and its posterior attached extremity at the right cornu uteri. A well defined sulcus exists between tumor and uterus, and the two are connected by a short pedicle. The tumor is very smooth, and of a remarkable rub-

ber ball elasticity. It is movable over an excursus of one or two inches, but too tender to manipulate further." These notes were made a week before the operation, which was upon March 20. I then wrote to Dr. R. P. Harris that I expected to operate upon an extra-uterine cyst, and upon March 20, assisted by Drs. Jos. Hoffman, and in the presence of Drs. R. P. Harris, Chas. H. Thomas, Marie Werner, Wm. Stuart, Baldy, Chas. M. Wilson, Jas. Gibbs, R. Kealy, Paris G. Clark, McConnell and others, the sac and its contents were removed. The belly walls were fat. The incision was about three and a half inches in length, through the linea alba, beginning about one inch above the pubis. The sac wobbled about so in the pelvis that it is was hard to bring its globular form up under the line of incision. It felt at first like an enlarged uterus, but the uterus lay retropased, anteflexed, reclining in the sacral hollow. The tumor was raised and brought out of the pelvis by passing two fingers in front of and under it, hooking it up and revolving it on the axis of its attachment at the broad ligament; it was then delivered through the linear incision by pressing the walls outward and towards the patient's back until it slipped out; it was then transfixed below its base and tied, and with the ovary and whole of the right Fallopian tube, was removed intact. The cyst was reddish blue in color and developed in the free margin of the right Fallopian tube, its longest diameter crossing the axis of the tube at right angles. Pure water was used for the sponges, and the instruments were kept in a dry pan. No antiseptic of any sort was employed. Everything was thoroughly clean and prepared beforehand, and no antiseptic was needed. The whole operation from beginning to complete closure lasted forty minutes. Silk-worm-gut sutures, about four to the inch, were used to close the wound, and with a little iodoform powder and dry absorbent cotton, the dressing was complete. The sac was about three inches long by two and a half wide, smooth and slightly rugose in its long diameter. Dr. Chas. Herman Thomas incised it at its free extremity, cutting through the placenta into the amniotic sac, which did not contain a drop of fluid. The hands and then the head of the brownish, exsanguine fetus protruded, its cranial bones well developed. There was not the slightest fetidity. The whole fetus was well formed and perfectly preserved. It was a male, measuring 5¾ inches in length, the cord was 5 inches long, twisted from left to right. The recovery was as rapid and perfect as after any simple abdominal operation. An objection which naturally presents itself, and one which has been urged, is this. Here was an extra-uterine cyst, containing a mummifying fetus in just the condition we try to obtain by faradic feticide. Why interfere with it at all? My reasons were several:

First. My patient was constantly suffering from a painful tumor.

Second. She had deteriorated greatly in health, and in place of her usual fresh and rosy complexion, was looking sallow and worn and was very despondent.

Third. The facility of the operation was manifest, and my bi-manual examination revealed all the peculiarities of the case before making the section.

Fourth. The very real danger of peritonitis and the possibility of the later discharge of the fetal parts by protracted suppuration. And, further, I was acting in accordance with the practice of such eminent authorities as Lawson Tait and Olshausen, who counsel early interference in all pelvic tumors where the probabilities of success are good. It must be remembered in any critique of the case that it presents features utterly unlike any other abdominal pregnancy ever recorded as operated upon. Dr. Harris's remarks will show that the crisis is not always past when the fetus is killed by electricity.

Dr. R. P. Harris said the case reported by Dr. Kelly had as clear a history of an extra uterine pregnancy, as we ever find in the very early period of ectopic gestation, when it cannot be claimed that a positive diagnosis can be made. We can, however, closely approximate it, as was due prior to this operation. The woman had been twice normally pregnant; she ceased to menstruate on July 16th, 1885, and there was no recurrence until November 17, a period of four months. She considered herself pregnant; and as the menstrual flow of November lasted a week, was excessive, and she passed, as she termed it, "two pieces of flesh," she thought she had aborted. Having seen her in the operation and upon several occasions since, I learned from her that her menstrual periods usually lasted about three or three and a half days, but had increased to a week or thereabouts, after the return in November.

The development of the breasts, the presence of colostrum in them, the discharge of the decidua, the detection of the spherical tumor connected to the right cornu uteri, the decrease of this in size after the decidual expulsion, and the prolongation of the menstrual periods, all pointed to the existence of a right Fallopian pregnancy and a dead fetus. When the tumor was brought into view in the

operation, it was seen to be of a reddish blue color, which is common to fetal cysts, and about three inches in diameter. When opened after removal, the placenta was found at the top, and the cyst empty of amniotic fluid, which had been removed by absorption. The fetus was a male, 5¾ inches in length; and to judge by its size, degree of cranial ossification and mark of sex, it must have died near the end of the fourth month. Such a fetus, at the time of its death, must have occupied a cyst as large as a cocoanut. The loss of fluid in the cyst made it sufficiently flaccid to admit of its being drawn upon so as to form a pedicle for transfixion and ligation. Fortunately for the woman the cyst retained its integrity, the fetus perished, and there was no peritonitis to produce adhesions; the operation was, therefore, as simple as an early ovariotomy, and no more dangerous.

There can be no question in my mind that under all the peculiar circumstances and advantages of this case it was proper to remove the fetal cyst for purpose of relieving the pain felt in it, and of checking the menstrual loss. The question might be asked, why operate in such a case, more than in one where fetal death has been produced by the faradic current? I answer, that under the same peculiar sufferings and advantages the exsection might be called for. The after history of the cases of faradic feticide has yet to be written. Thus far, there has been no death immediate or remote, but there have been attacks of peritonitis, and there may be other troubles from the dead fetus after a long period. Very little has been recorded of the ill effects produced by ectopic fetuses, which have died in the second, third and fourth months of tubal or abdominal gestation. We know that a fetus of the fourth month has been passed whole from the rectum, and that one still smaller has been vomited, but death has rarely taken place within an unruptured cyst, in the second, third and fourth months, and we therefore do not know by the past what may be likely to happen in some of the cases subjected to faradization. Thus far the method has much to recommend it, by its safety of application, and by the present health of its subjects. Fetal death being followed by absorption of the amniotie fluid, there is no longer any danger of the cyst rupturing from tension, and the woman's life is saved.

The first to destroy a fetus by electro-magnetism in the United States, was our fellow member, Dr. Joshua G. Allen, who has now operated three times with success, and all of the women are still living. Case 1. 1869, and Case 2. 1870, were illegitimately impregnated, and both have since married. Case 1 has remained childless: she continued well for two or three years, and then went to the Jefferson College Hospital, where she was supposed to have rheumatism, but as the pain was in the lower part of the abdomen on the side corresponding with the seat of the fetal cyst, Dr. Allen attributes the attack of pain to the presence of the foreign body; the age of the fetus was computed at three months. In case 2, the age was believed to be eight weeks, and the woman did well for a year or two, when she had an attack of peritonitis lasting about three weeks. She subsequently married: bore a female child, now ten or eleven years old; had a second attack of peritonitis about a year later, and four or five years later, a third. Although severe, Dr. Allen did not regard the attacks as dangerous to life. Dr. J. C. Reeve's patient has had a probation of six years, and has had no after trouble to note.

Dr. C. L. Billington writes me, that his patient has improved in health, and that although the fetus was computed to have a three months' growth, "there was no tumor perceptible, five or six months afterward." Dr. Fusk's second operation was followed by a peritonitis which confined the patient to bed for two months. She is now near her maturity of pregnancy, and has had no trouble during gestation from the presence of the tubal sac.

Dr. Bache. M. E. Emmet's case never showed the slightest effect from the presence of the ectopic fetus up to the last report, about a year ago.

Dr. Garrigues examined his patient two years after the operation which was performed upon a fetus of "barely two months", and the "tumor to the right of the uterus, had entirely disappeared." She had no longer any orgasm in sexual intercourse.

Dr. P. F. Munde reports that at the end of two years, his patient remains perfectly well.

In her menstruation, which was in progress when I last saw the patient of Dr. Kelly, the loss was restored to its normal moderation, and she was free from pain.

Dr. Baer spoke of a case of extrauterine fetation, which had gone to full term, and in which laparotomy was performed thirteen months after the death of the fetus. The mother had shown great loss of vitality, and the tumor felt loose in the abdominal cavity, and promised to be easy of removal, but when the abdomeu was opened, adhesions were found so numerous and strong, that removal would not be safe. The opening in the sac

was stitched to the abdominal wound. The temperature did not rise and there was full recovery. This was an instance of tubal pregnancy, carried to full term.

Dr. Parish said we would find, in the large majority of these cases, that at an early period, adhesions would be slight and removal easy. Operation, after rupture of the cyst, is not complicated by adhesions, except those formed by the placenta, which are so vascular as to defy separation, and constitute the great danger. Prior to the fourth month, before such adhesions are formed, it is safe and easy to operate. It is a favorable time to operate after the death of the fetus, because the maternal tissues lose the extreme vulnerability that exists during the life of the child.

Dr. Longaker had been surprised at the absence of peritonitis after so much pain and tenderness.

Dr. Kelly remarked that the pain had always been non febrile, there had been no elevation of temperature or pulse.

There had, in this case, been no sense of contraction in handling the tumor, as has been noticed in hydrosalpinx.-

L. Tait had heard the uterine souffle in one case at his first examination, but conld not find it again. Dr. Kelly has a case of extra-uterine fetation on hand now. and is waiting for the death of the fetus, when he will operate. Ohlshausen has formulated the rule that "any abdominal tumor as large as the fist, should be removed."

THE AMERICAN LARYNGOLOGICAL ASSOCIATION.

[continued.]

The eighth annual session held in the hall of the College of Physicians, Philadelphia, May 27, 28 and 29, 1886.

A Case of Congenital Defect of the Epiglottis, Illustrating a Function in Digestion,

by Dr. Frank Donaldson, of Baltimore was read by title.

BUCCAL TUBERCULOSIS,

BY D. BRYSON DELAVAN, M. D., NEW YORK.

He had seen six cases of this affection. In the reports of twenty-four cases of tuberculosis of the tongue, in all but one the subjects were males. In twelve cases the lesion was anterior, in seven upon the side and in one at the base of the tongue. In four the situation was not stated. The disease was primary in nine cases, secondary in seven cases. In the remaining cases it was not stated whether the disease was primary or secondary. The longest duration of a case of primary tuberculosis was two and one-half years, the shortest ten weeks. The age of the oldest person affected was seventy years, and of the youngest, not under twelve.

The first case coming under the speaker's observation was H. aged thirty-five, a laborer. His family history and previous history were good. The man was remarkably robust. Six weeks before coming under observation, he experienced pain at the base of the tongue. This pain became excessive and at the end of two weeks he was obliged to give up work. On examination a fissured and and ulcerated surface was found at the base of the tongue on the right side. This lesion was indurated. In the centre was a large ulcer with large flabby granulations. On the right side, externally, under the angle of the jaw, was a hard tumor about the size of a chestnut. There was slight fetor of the breath. The diagnosis was uncertain; the pain was so severe as to prevent sleep. An application of a four per cent solution of cocaine, checked the pain for five hours. The patient's condition became so serious that he was removed to the New York Hospital, where, under the idea that the disease was epitheliomatous, the complete removal of the tongue was made. The patient recovered rapidly from the operation and there was marked improvement in the general condition. It has been impossible to find any evidence of disease of the lungs or other internal organs. On microscopic examination, all the parts present abundant tuberculous material. A point of interest in this case is that this is the first case on record in which such an operation has been followed by an apparent cure. Of course sufficient time has not elapsed to speak positively as to the ultimate result. The operation was done in the latter part of December, 1885.

In a second case of tubercle of the tongue, the patient P. O., aged 27, gave no history of hereditary tuberculosis. Began to run down two years ago, and developed chronic laryngitis. When examined, he presented evidence of advanced tubercular disease. The larynx was ulcerated: there was also a lesion on the right tonsil and one on the left. The pain on swallowing was severe. Iodoform gave but little relief. Temporary ease was given by cocaine. An application of lactic acid was made to the right tonsil, and two days later it was much improved. This was repeated, and the improvement continued for two weeks, when the patient began to run down and died. The bacillus tuberculosis was not found, but

the man had evident pulmonary tuberculosis.

The third case was that of a man aged forty-three. Family history good. No history of specific disease. He was well until ten months ago, when his strength began to fail and cough came on. Two months ago the throat began to grow sore, and within the last two weeks this has increased. Careful examination of the chest failed to reveal any evidence of disease. Examination of the fauces showed ulceration extending out along the upper border of the uvula. Later the signs of pulmonary involvement became evident. Applications of lactic acid gave only temporary benefit. In this case, the disease has extended along the gum.

Three other cases of somewhat similar character were reported.

Discussion.

Dr. E. L. Shurley, of Detroit.—In these cases of so-called primary tuberculosis mistakes of diagnosis are sometimes made. We do not diagnose the presence of other lesions when we should, and sometimes we diagnose as a tubercle that which is not. I am not sure that the bacillus can be regarded as an absolute evidence that the disease is tubercle. In one case which I considered to be a case of tubercle of the larynx, and in which the bacillus tuberculosis was found, the patient recovered and is still living five or six years later.

Dr. J. O. Roe, of Rochester.—I have had two well marked cases of primary tubercle of the pharynx. The first case was that of a lady, thirty-five years of age. Six months before coming under observation she suffered great pain the throat. A well-marked lesion was found above the border of the epiglottis and at the base of the tongue. This improved under local treatment. Subsequently the ulceration returned, the patient ran down in health, and died. The larynx was entirely free from ulceration. The second case was a gentleman forty-five years of age, who had tuberculous degeneration of the pillars of the fauces. Later ulceration of the larynx developed. Under the persistent application of iodide of amy lcontinued for some time, the patient recovered and is still well, weighing 225 pounds.

Adjourned.

Friday Morning. Second Day.

Morning Session.

The following officers were elected:

President, Dr. E. Fletcher Ingals, Chicago; first vice-pres't, Dr. E. Carroll Morgan, Washington; second vice-pres., Dr. J. N. Mackenzie, Baltimore; secretary and treasurer, Dr. D. Bryson Delavan, New York.

Additional member of the council, Dr. F. H. Hooper, Boston.

The following active members were elected:

Dr. Benjamin F. Westbrook, of Brooklyn, Dr. Frank Donaldson, Jr., Baltimore; Dr. Alexander W. MacCoy, Philadelphia, and Dr. J. C. Mulhall, of St. Louis.

Prof. Ranon de la Sota y Lastra, of Seville, Spain, was elected a corresponding fellow.

A proposition in reference to the formation of a Congress of American Physicians and Surgeons was received. The proposition was approved, and the following committee, taken from the ex-presidents of the society, was appointed to confer with committees from other societies: Dr. J. Solis-Cohen, Philadelphia; Dr. G. M. Lefferts, New York; Dr. F. I. Knight, Boston; Dr. F. H. Bosworth, New York, and Dr. E. L. Shurley, of Detroit.

It was decided to hold the next meeting in New York, the time to be determined by the council.

The first paper was by Dr. E. L. Shurley, of Detroit, giving observations on the use of some of the new remedies in diseases of the upper air passages.

The speaker took up in detail some of the numerous newer remedies, and proposed and gave the result of his experienee in their use.

Discussion.

Dr. J. H. Mackenzie, of Baltimore.—Although it has not been mentioned in the paper, I should like to state that I have found the internal use of dioxide of hydrogen of decided value in old cases of catarrh of the larynx and pharynx. I have used it in old cases which have resisted almost all other forms of treatment. I employ a four per cent solution, giving it in doses of from two to four drachms from four to six times a day. This is kept up for two or three weeks. In a fair proportion of cases, the discharge is arrested by this remedy alone.

Dr. S. Solis-Cohen, Philadelphia.—I have used the dioxide in cases of phthisis and of laryngeal phthisis, and have observed from it good effects upon the nutrition. One of the effects of the administration of this agent is a remarkable retardation of the pulse rate. In one case this was so distinct as to compel the discontinuance of the drug.

The Simplest and Most Efficient Treatment of Diphtheria.

By Dr. William H. Daily, Pittsburg.

The speaker stated that he did not intend

to offer a new treatment, nor one which would cure ninety or one hundred per cent of the cases. He would not discuss the point whether diphtheria and croup were identical. His object was to describe the calomel treatment. This is an old treatment. It is mentioned in the writings of Rev. Sydney Smith. About 1779, Sydney Smith's daughter, when six months old, was taken sick with a violent attack of croup. Dr. Hamilton, of Edinburg, was sent for, but not being able to come, sent directions to "give the child two grains of calomel every hour, and to persevere; he had never known this to fail." This was done, and the child recovered.

The credit of practicing and recommending this treatment in modern times belongs to Dr. William C. Ritter, of Pittsburg. Of the different forms of mercury, calomel is the best. The drug is to be given in doses of from two to five grains every one, two or three hours. It may be given dry and washed down with a little ice water, or it may be given in water. This is to be continued until the stools become frequent, and contain in them gelatinous masses, of a bright green color, resembling chopped spinach. Then the interval is to be lengthened, and the drug continued so as to keep up this condition of catharsis, the patient having two or three stools each day. It is better to lengthen the interval than to diminish the dose. In this way there is less liability to induce ptyalism. Very little depression follows these large and frequently repeated doses. Ptyalism does not often occur. Under this treatment the membrane exfoliates and reforms, if at all, with less readiness. Fever diminishes. The diet is to be of a light, nutritious character.

The speaker had found it the most efficient of any treatment which he had employed, and was the simplest to use. The cardinal rule in the treatment is to give the calomel until the condition of catharsis described has been produced. Under this method a greater number of cases will be saved than under any other proposed method.

Discussion.

Dr. F. L. Shurley, Detroit. I have had a large experience with the calomel treatment. I agree that the internal administration of calomel is one of the most efficient remedies for croupous inflammation, but in regard to its efficiency in the treatment of diphtheria, I can not agree. The difference between croupous inflammation and diphtheria is considerable. Diphtheria is an infectious disease, while croupous inflammation is not necessarily an infectious process. In my experience, I know of no cases of diphtheria relieved by the calomel treatment.

Dr. Frank Donaldson, Baltimore. I wish that Dr. Daly had given us some statistics and reported some cases. I have seen the calomel treatment frequently tried, but without success. I saw Trousseau treat cases of diphtheria in that way, but he finally abandoned it.

Dr. Beverly Robinson, New York. I am convinced that epidemics of diphtheria as of other infectious diseases, differ very much in virulency, and a remedy which is successful in one epidemic will entirely fail in another. I believe that in treatment, it is safer to follow what has been considered by the accurate men of our profession, the most reliable treatment for a disease of this character. There is a general consensus of opinion that the proper line of treatment is disinfection of the throat and air passages, with the use of smaller or larger doses of tincture of iron, combined or not with chlorate of potassium.

Dr. F. H. Bosworth, New York. Diphtheria is a blood poison, which often kills by its toxic effect, but in a greater majority of cases it kills by leading to the development of croup. The affection of the larynx is not diphtheria but a sequent disease. While I think that mercury has no effect upon diphtheria, yet I believe that it has a specific effect in arresting the disease in the larynx called croup. I believe that mercury is the remedy to be administered in croup.

Dr. William H. Daily.—I am not surprised that this method of treatment has not been received with favor. I did not receive it favorably when it was presented to me. I do not recommend calomel as a specific, I simply say that I have had a greater proportion of successes under this plan of treatment than under any other which I have tried.

The Question of Hemorrhage After Uvulotomy, with the Description of an Instrument for its Arrest.

By Dr. E. Carroll Morgan, Washington.

The speaker first quoted from numerous authors, giving their views as to the danger of hemorrhage after this operation. He then described the following case: A man aged 28 years whose uvula had been excised five days previously by another operator, came to him with the statement that the bleeding came on four hours after the operation and had continued at intervals since then, a large quantity of blood having been lost. Various

means have been tried to stop the bleeding without success. The parts were covered with a coagulum of the persulphate of iron. This was removed and the parts cleansed. The bleeding points were then seen. The uvula evidently had been greatly hypertrophied. The scissors had been used in the operation. There was no evidence of the hemorrhagic diathesis in this patient or in any members of the family. The parts being cleaned, the stump was seized with dressing forceps and the hemorrhage was controlled. The galvano-cautery was applied and the bleeding stopped. In nine hours, it recurred. The cautery was again used and the stump dusted with the presulphate of iron. The following morning a copious hemorrhage took place, not less than a drachm a minute by actual measurement, being lost. A careful examination was then made to detect any other source of hemorrhage, but none could be found. Chromic acid was then used and the hemorrhage stopped. At three o'clock the same day, copious bleeding recommenced. Galvano cautery was again employed. There was not room for the application of a ligature. Torsion was tried without success. A small clamp used in retaining shirt sleeves in position was then taken, the spring weakened, and the teeth filed down, was then applied. A string was attached to this and brought out of the mouth. This checked the bleeding and was allowed to remain for several hours. It was then removed and the bleeding did not recur. A search of the literature of the subject failed to show any instance in which such a procedure had been before adopted. In this case, he thought that this device had saved the patient's life.

A careful study of the subject had enabled him to find seventeen other cases in which the hemorrhage after this operation had been profuse. Death has never resulted directly from the hemorrhage after uvulotomy.

Where the bleeding is persistent, it is always arterial in character. The speaker in conclusion said that a fatal hemorrhage had never followed uvulotomy. A persistent alarming hemorrhage is only encountered in the rarest instances. A moderate bleeding, stopping spontaneously or by the use of the mildest applications, occasionally happens. A loss of a few drops of blood at the time of operating, followed by a slight oozing, is a common occurrence.

The most reliable surgical measures for controlling uvular hemorrhage, are, ligature, compression by a clamp or forceps, and the use of the actual cautery. The most reliable styptics are in the order named, solid nitrate of silver, persulphate of iron, gallic acid, tannic acid, alum, the local use of ice, and vinegar. The most reliable systemic remedies are opium, acetate of lead, sulphuric acid and ergot.

To the paper was appended an exhaustive bibliography.

The speaker recommended that in operating, the object should be to restore the uvula as nearly as possible to its normal size, and that the entire uvula should not be removed.

Discussion.

Dr. F. H. Hooper, Boston.—I have never seen a bleeding of more than a few drops after this operation. I never cut through the muscle, and I think that the removal of a small portion probably does as much good as the removal of a larger portion.

Dr. Frank Donaldson, of Baltimore, I have seen but a few drops of blood after this operation. I think that the uvula very rarely requires to be amputated. The old idea that enlargement of the uvula produces irritative cough is, I think, erroneous. The principal trouble produced by an enlarged uvula is interference with the proper adaptation of the soft palate during the second stage of deglutition.

Dr. William H. Daily, of Pittsburg.—This operation if done at all, should be so performed as to leave the parts in as nearly a normal position as possible. Uvulotomy is however, rarely necessary.

Afternoon Session.

The Laryngeal Image as Seen in Photographs Taken During the Production of Tones in the Singing Voice.

by dr. thomas r. french, of brooklyn.

The speaker had made numerous investigations on this subject, and his observations failed to confirm the statements of most authorities in regard to the position of the vocal cords during the production of different notes. Different individuals evidently use different mechanisms in the production of different tones. The general result of his investigations seemed to indicate that in the production of low notes the vocal cords are parallel and in the production of high notes the opening is widest in front.

The paper was illustrated by numerous photographs thrown upon the screen.

The following papers were then read by title,

Clinical Notes on Prolapse of the Laryngeal Ventricles.

by george w. major, of montreal.

Three Cases of Thyrotomy, Recovery in Each Case With Good Voice, by Dr. Clinton Wagner, of New York.

Alarming Hemorrage after Tonsillar Excision, Arrested by Torsion of the Artery, by the Same Author.

A Novel Procedure for the Removal of Sub-Glottic Laryngeal Growths,

BY DR. WILLIAM C. JARVIS, OF NEW YORK.

J. C., aged thirty-five years, consulted me on March 23, 1883, for the relief of a difficulty of speech and of breathing. The trouble with the voice was noticed two years before, the difficulty in speech appeared one year before coming under observation. The laryngoscope showed a mass of papillomatous tissue occupying the cavity of the larynx. The vocal cords and ventricular bands were not involved. The attempt was made to seize them during phonation, with the Mackenzie forceps. Only a few pieces were removed. The ecraseur was then tried, but it was found impossible to use this instrument on account of the wire being seized by the spasmodic contraction of the vocal bands and displaced. Chromic acid applications were then tried, but, although the growth was touched, it was found impossible to limit the application to the diseased structures. The patient then disappeared and did not return for a year. His condition was then much worse, and the difficulty of breathing greatly increased.

I then determined to try the following plan, and, if this failed, to remove the growth through an opening in the windpipe. Forceps similar to the Mackenzie instrument but heavier were secured. Through the tips of the blades, holes were drilled, and through these was passed a piece of No. 00 piano wire, which was conducted through a second opening at the angle of the blades and out to the handles where it terminated in a loop into which the extremity of the index finger could be placed. When the blades were separated this wire formed a cross-bar uniting their extremities. When the blades were closed, the loop of wire could be drawn up by the finger. The operation was performed without an anesthetic. The tongue was depressed, and with the aid of the mirror the forceps were introduced introduced into the cavity of the larynx. The mirror was then removed and the forceps carried down to the glottis, through which the tip of the instrument was forced with considerable trouble on account of the spasm. The instrument was carried into the trachea sufficiently far to be sure that it was below the attachment of the growth. The blades were then separated, and pressing against the anterior wall of the larynx, the instrument was gradually raised until the wire was caught. The blades were then closed and clamped, the loop of wire drawn in, and the forceps removed bringing with it a growth. The laryngoscope showed a second growth which was removed in the same way. Breathing was a once rendered easy, and the speech became natural. The patient said that the presence of the forceps caused no pain although uncomfortable. This is the only case on record of the removal of a subglottic tumor without anesthetization and without an opening into the larynx.

Cases of Laryngeal Edema,

BY T. AMORY DE BLOIS, M. D., OF BOSTON.

The author had been lead to write the paper by reading of several fatal cases of this affection reported during the past few months. He gave brief details of fourteen cases of laryngeal edema coming under his observation. All of these cases recovered, six under the use of astringents and eight after scarification.

Discussion.

Dr. Frank Donaldson, of Baltimore.—I would suggest that in these cases intubation of the larynx might be applicable.

Dr. E. Carroll Morgan, Washington.—My experience with this condition has been limited, and the cases have been mild. I have usually employed active purgation with vesiculation over the larynx and various local measures.

Dr. W. C. Jarvis, of New York.—Some time ago I used in a case of marked edema, the fluid extract of jaborandi. In forty-eight hours the edema had greatly diminished. I have seen reported several cases in which pilocarpin was used with advantage. I have never seen good results from scarification.

A paper by Dr. Charles H. Knight, of New York, describing

A Case of Perichondritis of the Larynx,

was read by title.

A Case of Gummatous Disease of the Larynx with Spontaneous Re opening of the Larynx after Thyroid Laryngotomy.

BY DR. EDGAR HOLDEN, M. D., NEWARK.

L. D., aged 35, presented himself, May 20, 1885, with dyspnea and aphonia. Examination showed a cicatrix on the epiglottis, and the left side of the larynx presented a rounded

mass of dull appearance. He denied syphilitic infection. After a careful consideration of the case, the probabilities were thought to favor syphilis, and he has was given iodide of potassium in large doses. There was improvement for a short time, but he soon became intolerant to the drug. Thyroid laryngotomy was considered necessary and was performed. The tumor was removed with the ecraseur; no ulceration was visible. Tracheotomy was then performed and the upper incision closed with sutures. The patient did well, and the tube was removed on the tenth day. The external wound healed. He insisted on returning to his home, where the surroundings were very unfavorable, and his health deteriorated. On the fortieth day after the healing of the wound, the laryngeal incision was torn open by a severe cough. He refused to return to the hospital. Examination of the larynx showed no disease. Under the surroundings it was impossible to get the wound to heal. His health continued to run down, and six months and fourteen days after the operation, the patient died of exhaustion. The patient had lived five months with an opening in the larynx.

Dr. U. G. Hitchcock, of New York, read a paper on

Gummatous Infiltration of the Base of The Tongue.

giving the details of four cases coming under his observation. In none of these cases was the fibrous septum the exclusive seat of the disease, and in three cases the deposit did not approach this structure. In these cases, the degree of dysphagia was in direct proportion to the proximity of the deposit to the base of the tongue.

Adjourned.

Saturday. Third Day. Morning Session.

A Paper on a Case of Hysterical Sneezing, Apparently Cured by Applications to the Nasal Passages of the Continuous Battery Current.

By Dr. S. Solis-Cohen, Philadelphia, was Read by Title.

A Contribution to the Pathology and Treatment of the Respiratory Vaso-Motor Neuroses.

By John N. Mackenzie, of Baltimore.

The naso-bronchial tract is frequently the seat of periodical vascular disturbance in which explosions of nerve force play a conspicuous part. These probably depend upon some form of sympathetic or vaso-motor irritation. In the production of such conditions. two elements enter, a depraved state of the nerve centres and an abnormal excitability of certain portions of the naso-bronchial tract. In regard to the hyperesthetic condition of the nasal mucous membrane, the hyperesthesia characteristic of the paroxysm is, like the vaso-motor phenomena which accompany it, purely secondary, and occurs as a result of central irritation or paresis. This may pass away with the subsidence of the other symptoms or be more or less constant. But in either case, there are certain areas in which the hyperesthesia is more pronounced. The lower, posterior parts, are the portions of the tracts usually affected. In hay fever we are dealing with a neurosis. In this connection, he called attention to a neurosis of the aural cavity, which was closely allied to vaso-motor coryza and also to a similar condition of the conjunctiva. These cases are a further evidence of the sympathetic nature of these affections. With reference to asthma, in connection with nasal disease,it was stated that the ancients had frequently noted the expulsion of mucus from the nostril accompanying or following an attack of asthma. The older writers were evidently familiar with hay fever, but they confounded it with the bronchial asthma of the present day. Asthma is looked upon as a disease per se, but, like many other disturbances of respiration, it has no particular lesion and is common to many pathological states. It, like cough, is most commonly symptomatic of some disorder of the respiratory tract. An interesting feature in a certain proportion of cases is the association of urticaria with coryza. This is a familiar observation. The speaker then considered the relations between the skin and the respiratory tract. He regarded the skin as having a function similar to that of the lungs, and, on the principles which he explained, he based the treatment of hay fever or periodical vaso-motor neurosis of the respiratory tract. From sixty to eighty cases had been treated after this plan. In the greater number of cases, the nasal passages were the seat of the vascular disturbance. Next in frequency came the pharynx. Occasionally it was localized in the laryngeal cavity. In whatever portion the vaso-motor neurosis is situated, the general principles are the same. The treatment of one of these affections is essentially the treatment of the others. Hay fever and asthma may be classed as symptoms owing their origin to the same cause.

In the treatment of hay fever, the chief indications are to remove any existing local respiratory disease, to so alter the nutrition of the nerve centres that they may not respond so easily to irritation, and to carefully search for pathological conditions and adopt appropriate treatment for their removal when found.

These chronic neuroses require chronic treatment. The peculiarity of the sympathetic is with the patient all the time, by night and by day, and, at any moment, may give evidence of its presence by a paroxysm. Any treatment which is practiced simply during the attack or immediately before, is simply palliative. In reference to the use of cocaine, he had found that it increased the irritability of these structures, and its application to the erectile tissue may ultimately weaken the cell walls. He, however, did not question the excellent virtues of this remedy in certain acute affections. In hay fever he had failed to find improvement after its use. For a short time amelioration was produced, but in the course of an hour the symptoms recurred. His custom is to treat hay fever as any other chronic disease of the nervous system; he insisted upon a prolonged tonic course of treatment during the intervals. This may at first fail, but, if persisted in, the time will come, when, if there is no incurable lesion, the paroxysms will diminish in severity and frequency. The great mistake is made in the suspension of the treatment upon the termination of the attack. Among the remedies for the constitutional management of this class of cases, he recommends phosphide of zinc, quinine and nux vomica. These may be given in combination in the following proportions:

℞ Zinci phosphidi, - - gr. $\frac{1}{16}$.
Quininæ sulphat., - - gr. ij.
Ext. nucis vomicæ, - - - $\frac{1}{4}$.
M. et. ft. pil. No. 1.

Sig. To be taken before meals.

After meals he directs that from three to five drops of liquor arsenici et hydrargyri iodidi be taken in a wineglassful of water. A similar line of treatment had been employed for several years by the speaker in simple inflammatory conditions of the nose and throat with good results. He had also employed bromide of potassium with advantage. A constant current of from ten to fifteen cells with one pole over the nape of the neck and the other over the region of the superior cervical ganglia or in the nasal passages, had, in a few cases, been beneficial. In one case, improvement followed the obliteration of vessels on the posterior wall of the pharynx.

In regard to topical applications, to the existing nasal conditions, these accomplish one result only. They close one door to irritation of the nerve centres. In many cases, this is of itself deficient. There are other cases in which such a course will fail. In these neuroses, we can not expect to thoroughly eradicate the disease until the sympathetic nerve irritation is overcome.

DISCUSSION.

DR. WILLIAM H. DAILY, Pittsburg.—The iodide of sodium has given me better results than any other single remedy. I give it in small doses long continued. I administer it in hot water on an empty stomach. I want also to insist that all cases of this kind be subjected to a thorough inspection. The upper air passages should be carefully examined, and upon the slightest suspicion of local disease, the condition should be remedied. If this is done, I believe that the disappointments will be few. The constitutional treatment should, I think, be secondary, and the local treatment should occupy the first place.

DR. E. CARROLL MORGAN, Washington.—The galvano-cautery has been highly recommended as a successful remedy for hay fever, but my experience with it has not been so satisfactory as that of some other operators. In considering these cases of hay fever, I have been struck with the apparent immunity from this affection experienced by those suffering with anosmia. I have never seen essential anosmia in a subject of hay fever.

I would ask the experience of the fellows in regard to the efficacy of the galvano cautery treatment as a preventive or a cure for hay fever.

DR. C. E. SAJOUS, Philadelphia.—In the early part of my experience with the galvano-cautery I obtained excellent results. I had a number of favorable cases. Last year I met with a number of unsatisfactory cases. What it depended on I do not know, but the results were not by any means as good as those of the preceding year. It certainly was not from want of attention on my part. Although all the cases were benefited, I think I did not obtain absolute relief in more than forty-five per cent. Some of the cases treated two years ago, and which escaped the attack the following year, had a recurrence last year. This is a matter of great importance, because in my work I advanced the opinion that these cases were absolutely cured. Some of the cases have entirely escaped. One case treated in 1881 with glacial acetic acid has had no recurrence.

Dr. Carl Seiler, Philadelphia.—The failures of the treatment of hay fever may, I think, be explained by the suggestion thrown out in the paper read. The Schneiderian membrane is not the only source of irritation of the vaso motor nerves. The source of irritation may be situated in the pharynx or in the larynx. If the case does not yield to treatment of the nasal membrane we should look further. Two years ago a case of hay fever presented itself to me. Glacial acetic acid was applied, and the following summer he was free from hay fever, but suffered with asthma. Examination showed a large posterior hypertrophy. This was removed, and since then he has had neither hay fever nor asthma.

Dr. J. N. Mackenzie.—As I have stated in my paper, if the trouble depends upon affection of the nasal membrane, the removal of the cause with the physiological rest of the nerve centres, will be sufficient to effect the cure. There are other cases, however, in which there is a general condition of the nervous system which must be removed. I have had cases in which the cure was effected simply by the above plan of treatment, without any local applications whatever.

Dr. Samuel Johnston, of Baltimore, read a paper entitled

A Case of Naso-Pharyngeal Growth.

A child was brought to him on account of difficulty in breathing through one nostril. Examination showed that there was a tumor filling up the posterior part of the right nostril. After a short, preliminary treatment, the attempt was made to remove the growth with the écraseur. A spray of a four per cent solution of cocaine was employed. A cord was first passed through the nostril and brought out of the mouth so that, if necessary, the nostril could be plugged without delay. The wire of the écraseur was applied without difficulty. When the growth had been cut through about two-thirds, the shaft of the instrument broke, leaving the wire and about three fourths of an inch of the instrument attached to the growth. An attempt was made to apply a second écraseur, but this failed. After trying to remove the portion of instrument broken off, it was decided to wait a short time and allow the growth to slough off. Four days later the attempt to apply an écraseur was again made and succeeded without difficulty. The tumor measured one and one-half inches in diameter, and was fibroid in character.

What Cases of Nasal Catarrh Require Surgical Treatment?

BY DR. C. C. RICE, NEW YORK.

Almost every nasal chamber will exhibit irregularities and abnormalities of some kind. The introduction of more improved methods of determining the locality of inflammation has led to a more frequent resort to surgical measures. With the galvano-cautery, almost any effect from a slight stimulation to destruction of tissue can be obtained. Those who condemn this instrument should state what use of it they object to. Not every case of anterior hypertrophy should be operated upon. The erectile tissue in this situation serves a valuable physiological function in swelling up and excluding irritating particles from the lungs. In determining whether or not an operation is required, the sensations of the patient should be taken into consideration, with the results of the examination. If after the use of a four per cent solution of cocaine, sufficient hypertrophy to interfere with breathing is still apparent, it should be removed.

Discussion.

Dr. F. H. Bosworth, New York.—The speaker has referred to the swelling of the erectile tissue of the nose as a physiological function. I consider that this tissue is not a true erectile tissue. It assumes the erect position only as a morbid condition. It is simply an enlarged conglomerate mass of blood vessels. There is no physiological function observed by its swelling up.

He also states that all persons will present abnormalities of the nose. It is a mistake to suppose that we have morbid conditions in every nose. The healthy nasal cavities present a typical appearance.

Dr. J. N. MacKenzie, Baltimore.—The microscope shows that the erectile tissue of the nose corresponds with the erectile tissue in other portions of the body. I believe that these bodies serve the physiological purpose of excluding irritating bodies from the lower respiratory tract.

Dr. Harrison Allen, the president.—The question of the erectile tissue of the nose should be treated on a broader basis. In man the nasal chambers are exceedingly degenerate. There is no animal in which the nose is so small in comparison with the rest of the face as in man. It is well known that structures which are passing through a process of degeneration are exceedingly variable. So it is with the human nasal chambers.

Remembering this fact we come to another

of great interest, that all animals with short faces, as the rabbit and cat, have, on the nasal septum, erectile bodies. I have always held that the object of these bodies was obstructive, and that by swelling up they protected the portions behind. If that is the case I do not see why we can not claim that erectile tissue does exist and is protective and obstructive.

The following papers were read by title:

INFLAMMATION OF THE ANTRUM, BY DR. BEVERLY ROBINSON, OF NEW YORK.

ADDITIONAL NOTES ON CASES OF ERYSIPELAS OF THE LARYNX, BY WILLIAM PORTER, M. D., OF ST. LOUIS.

A vote of thanks was then tendered the Philadelphia College of Physicians, the Union League Club, the University Club and the Managers of the Pennsylvania Hospital, for courtesies extended.

The Association then adjourned to meet in New York at the call of the council.

BOOK REVIEWS.

Dr. F. Beilstein, Lessons in Qualitative Chemical Analysis. Arranged on the basis of the fifth German edition, by Chas. O. Curtman, M. D. Second edition, illustrated.

The favor with which the first edition of Dr. Curtman's work was received by teachers and members of the profession, has encouraged him to meet the demand for a second. The manner of the work is on the basis, as the title indicates, of Prof. Beilstein's deservedly meritorious method of teaching the science by examples. The aim has been to especially adapt it to students of medicine and pharmacy, and in this respect Dr. Curtman has created a work which is of positive and decided value. Amongst the great number of works of this kind it is especially deserving, and we can heartily recommend it.

R. L.

—The Mississippi Valley Medical Association. —The annual meeting will be held at Quincy, Ill., July 13th, 14th and 15th. It looks as though there would be some of the old-time spirit and energy in the coming sessions, and already a good many papers are promised.

A very pleasant trip for members going by way of St. Louis will be by boat, leaving St. Louis on the evening of the 12th.

The authors of papers for the Association should send the titles at once to the secretary, Dr. H. J. B. Wright, of Olney, Ill.

NOTES AND ITEMS.

"A chiel's amang you takin' notes,
And, faith, he'll prent 'em."

—We observe that the London letter of the "Journal of the American Medical Association" for this week is signed "G. O. M."

We knew that the "Grand Old Man" had been defeated in his Home-Rule bill, but we did not know that he had given up his position as England's prime minister to become London correspondent of an American medical journal; but then in recent times he has, in many ways, shown high regard for the medical profession.

—A German doctor has been fined three hundred and seventy-five dollars for displaying in a public refreshment room a bill of fees to a certain gentleman, adding that the attendance was on his wife for a sexual complaint. Most continental laws recognize the obligation of doctors to keep the secrets of patients whom they attend.—(Med. and Surg. Reporter.)

A German doctor, or any other doctor, who would be guilty of the above, deserves a fine—horsewhipping and an ornamental covering of tar and feathers.

—In the past year the richest American merchant, H. B. Claflin, the richest American railroad man, W. H. Vanderbilt, and the richest American planter, Edmond Richardson, have died. It is notable that not one of the three died in his bed. One dropped dead at his desk, another in his hall, and the other in the street.—(Exchange.)

Moral. Seek not great riches, but be satisfied with poverty and a chance to die in bed.

—Local Remedy for Neuralgia.—A mixture of one part of iodoform to ten or fifteen of collodion, if spread repeatedly upon a neuralgic surface until it attains a thickness of one to two millimetres, is said to be quite effective in the treatment of certain neuralgias. If the first application does not speedily terminate the neuralgia, those who have used this mode of treatment direct that its application should be continued. It seems especially valuable in the relief of neuralgias of the trigeminus. It also seems of value to be applied along the spine, particularly at painful points in what is called spinal irritation. These observations are by no means new, and yet they seem worthy of further consideration.—("Neurological Review.")

—A well-deserved honor will be the complimentary dinner tendered to the late Professor Wil-

liam H. Pancoast by the alumni of the Jefferson Medical College. The dinner will take place at the Hotel Bellevue on the 17th inst.—("Med. and Surg. Reporter.")

Did we not know that the above was a *lapsus pennæ*, we should be inclined to fear that the dinner referred to would be a rather lugubrious affair. We trust it will be many long years before the reporter can correctly say "the late Prof. W. H. Pancoast."

—The following committee has been appointed to invite foreign medical editors to the next meeting of the Association of American Medical editors, to be held during the International Congress: Drs. J. V. Shoemaker, N. S. Davls, F. E. Daniel, W. C. Wile and Wm. Porter.

—The "Boston Medical and Surgical Journal" says "Sir Henry Thompson is among the noble army of medical novelists, and what he finds in his specialty available for purposes of fiction is a matter of curious conjecture. The title of his latest work is announced as "All But." Theories are rife among those who have as yet failed to obtain the book as to whether the plot turns on a case of defeated catheterization, or of the persistence of residual fragments after a lithotrity. [Wrong again, "All But" simply means gluteal hypertrophy.]

—St. Louis has the disagreeable notoriety of furnishing the most sensational murder of modern times, the murderer being so revolting and horrible in his entirety as to come under the head of moral monstrosities.

The facts, as developed, show that he was not Dr. W. H. Lennox-Maxwell, but common H. M. Brooks, a solicitor of Hyde, England.

We are glad our profession is not burdened by the disgrace of his connection. To those wh o are familiar with the murderer's garrulousness from the moment of the commission of the crime, it is very clear that he has been guilty of a too free use of his "Maxwellary" bones.

—A man whose opinions are not attacked is beneath contempt. Every real thought on every real subject knocks the wind out of somebody or other.

I find that the great thing in this world is not so much where we stand, as in what direction we are moving.—Oliver Wendell Holmes.

These sentiments soothe us, and make us feel better, reconciling us to the knowledge of the fact that we have antagonized some very wise men.

—A statue of John Hunter was unveiled recently at Oxford.

—We have received a number of letters from physicians in different sections of the West, regarding the coming meeting of the Mississippi Valley Medical Association (the old Tri-State). We believe there will be a good attendance and interesting sessions.

—Henry MacCormac, M. D., of Belfast, died at an advanced age on the 26th of May. He retired from practice twenty years ago, but was a well known writer on sanitary and other scientific subjects. He was the father of Sir Wm. MacCormac, of London.

—Dr. Roberts, the editor of the esteemed "Southern Practitioner," writes us that the item on CELLULOID TAPE WORMS, in our issue of May 29th, was not contained in his journal, but in the "Southern California Practitioner."

—In Italy the cholera has appeared thus early this year in many scattered and distant parts. This is considered a bad omen, and a rapid and extensive diffusion with the increasing summer heat is inevitable.

—The honor of knighthood has been conferred on Dr. A. Douglas Maclagan, Professor of Medical Jurisprudence and of Public Health, and Emeritus Professor of Clinical Medicine at the University of Edinburgh.

—The "Pharmaceutical Record" says that this is "How it Is:"

Editing a paper is a pleasant business—if you like it.

If the type is large, it don't contain much reading matter. (Ours is compact; we give more than other similar journals.)

If we publish many formulæ folks say they are not reliable.

If we omit them, we have no enterprise or are know-nothings.

If we have a few jokes, folks say we are rattleheads.

If we omit jokes, folks say we are fossils.

If we publish original matter, they scold us for not giving selections.

If we give selections, people say we are lazy for not writing more, and give them what they have not read in some other paper.

If we give a complimentary notice, we are censured for being partial.

If we don't, all hands say we are a great humbug.

If we remain in our office attending to our business, folks say we are too proud to mingle with other fellows.

If we go out, they say we don't attend to our business.

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REPORTS ON PROGRESS.

REPORT ON CLINICAL SURGERY.

BY H. HODGEN, M. D.

I. HERNIOTOMY.—Chas. McBurney, St. Luke's Hospital New York.

II. CLOSURE OF PERINEAL FISTULA.—St. Luke's Hospital, New York.

III. NECROSIS OF TARSUS—OPERATION.—St. Luke's Hospital, New York.

IV. ECTOPION.—RESULT OF A PLASTIC OPERATION. St. Luke's Hospital, New York.

V. LAPAROTOMY.—St. Luke's Hospital, New York.

VI. PARTIAL PROLAPSUS RECTI.—St. Luke's Hospital, New York.

HERNIOTOMY, CHAS. MCBURNEY, ST. LUKE'S HOSPITAL, NEW YORK.

The patient, male, aged 55, had been troubled some years with scrotal hernia, was operated upon two years ago. The first operation had been a success for the time, but after a year and a half the patient noticed a tumor at the old site, left side, and presented himself for operation. The scar was in good condition and the tumor showed but little tendency to protrude except upon coughing, but was getting larger. The doctor thought best to operate before any more protrusion had taken place, as no truss had been able to retain it in place. An incision about six inches long, in line, of cicatrix was made and the sac reached. The tissues were firmly united and the opening of the ring could be felt through the thickened structures. The tissues were dissected from the sac and the edges of the ring exposed. The pillars were found to be pretty firm, the inner one in the best condition. With catgut sutures the cutaneous edge was united to the ring all around, interrupted sutures being used, and the ends cut long. The wound now presented the appearance of an incomplete button hole. One end of each suture was now cut off and the other ends tied and drawn down firmly, causing the edges to pucker. This being done along the line of sutures passing through the pillars, the edges were brought nearly together by superficial sutures, and the lower end of incision closed by cutaneous suture. Drainage was made by a tube introduced at the lowest part of the cut and extending up to the lower end of the closed ring. Iodoform, iodoform gauze, sublimate gauze and absorbent cotton completed the dressing and were retained by the T bandage. Solution of corrosive sublimate (1 to 1000) was the antiseptic. A day or two ago saw Dr. Able make an operation somewhat similar, except that a large amount of omentum was excised. Patient doing well.

CLOSURE OF PERINEAL FISTULA.

Male, aged about 45, suffered for the past three or four years with fistula, the result of abscess. The opening, about midway between anus and scrotum was not large, but had refused to heal under all treatment, and was operated upon in the usual way and for a time promised well but did not completely close. The operation made to-day was as follows: An incision, semi-circular, was begun about au inch in front of the opening and carried around to a point about an inch behind; this was then denuded of epidermis and raised in a line nearly up to the fistula. The first flap was taken from the left (patient's).

An incision was then made from the first point straight to the second, but a little to the right (patient's) of the fistula's opening. This flap was then made by undermining the skin to an extent equal to the convex border of the first. The first flap was then turned over and slipped under the second and retained by sutures through its edge, but through the body of the second; two lines of sutures through the body of each flap were then introduced and tied so as to bring the outer surface, denuded, in close apposition to the body of the perineum and the flaps to each other. The edge of the second flap was then united to the line from which the first had been taken and the wound dressed antiseptically. Dr. McBurney stated that the urine would be drawn as often as the desire to pass it came, and after each withdrawal the bladder would be washed out with a solution of borax. He thinks the failures result most frequently from a few drops of urine following the withdrawal of the catheter. The drops of solution of borax, which may follow after washing, will not irritate the wound, and he does not anticipate a failure after this precaution is taken.

Operation for Necrosis of Tarsus.

The patient, a young man, æt. about 18, had been kicked about five weeks before on the heel. At the time of operation, there were two sinuses, one on each side of the heel, leading to dead bone at the back and lower part of the os calcis. An incision parallel to the sole and almost three inches long on each side met at the centre by one about an inch long at right angles to the first. I neglected to state that in these operations, when possible, McBurney uses the Esmarch's bandage. The trouble was found to be an abscess of the os calcis extending from one side to the other and enclosed by a wall of firm bone. The cavity was scraped out nicely, a drainage tube placed through the opening, the flaps sutured and antiseptic dressing applied, and, at the last hearing, he was doing well.

Result of Plastic Operation for the Relief of Ectopion.

Patient male, æt. about 35, was burned by coal gas about the face more especially, and no part of this escaped but the central part of the forehead. The lower lids of both eyes were everted, so that they afforded no protection to the conjunctiva. The left one had been partly relieved by past operations, and attempts had been made also on the right, but to no purpose. The operation which gained most for the patient was the usual incision under the lid and extending down on the cheek for a distance of four to six centimeters, dissecting up the flap from below and sliding the entire part up. Promised well for some days, but the scar below began to contract as it healed, and the eye was not in much better fix. On the right eye one operation for the relief of the trouble had been to make the flap and slide it up, and then raising a connected flap from the inner side of the right arm, apply it to the denuded surface, and then fix the head, arm, neck and chest in plaster of Paris. The patient suffered very much for the first twenty-four hours from the dressing, and, as soon as it was possible, the dressings were removed and the isthmus of skin connecting the arm and face, severed. This operation afforded some relief, but not sufficient. The next operation which Dr. McBurney undertook was five days before, the making of an incision along the lower lid very close to the lashes, and after getting everything as free as possible, turn a flap down from the sound skin on the forehead and place in the gap left by the divided tissue. So far, this operation has accomplished its purpose and will probably be a success. The flap connecting the lower lid to the forehead will be severed and the end replaced on the forehead, so as to relieve the scar there. This operation will be repeated on the left side as soon as possible. McBurney had operated several times on this case, before the operation spoken of, with but little, if any success, and so had two or three other men. The patient had this one divine

consolation, that no matter what was done, his beauty could not be made less.

Laparotomy.

This operation was an exploratory one, the doctor not being able to make the diagnosis. The patient, a male, æt. 35 or 40, entered the hospital some days ago complaining of pains in the right iliac fossa. Examination revealed in the testicle on the right side and the scrotum no tumor on the extreme right but in the centre and left, a large, hard tumor, extending as high as the middle of the ileum and back between the rectum and bladder. Patient had not been able to retain more than a few drops of water, the bladder being crowded upward and forward. The incision was made in the median line and about six or seven centimeters long, midway between the pubes and the umbilicus down to the fascia transversalis, all bleeding vessels were tied and the cut washed with sublimate solution (one in one thousand;) the opening was extended into the abdomen. Upon digital examination, the tumor was found to extend from the middle of right iliac fossa down between the rectum and bladder, and to almost fill the left fossa, extending up as far as the crest, with extensive adhesions to both the parietal and visceral layers of the peritoneum. It was hard, nodular and the diagaosis of malignant tumor made; (variety not known). Under the circumstances, there was nothing to be done but close the abdomen and let the patient live as long as possible without another operation. The structures were united by successive continuous sutures of catgut as far as the deep fascia; drainage by means of loops of cat gut tied at one end was then made, iodoform dusted in after washing again with sublimate. Curved needles armed with cat gut were then introduced through the skin and connective tissue as interrupted sutures of coaptation; these were not tied until the edges of the wound had been brought nicely together by continuous suture, when they were brought snugly down and tied; the surface was then dusted with iodoform, iodoform gauze in strips laid across the wound, a strip of the same laid in the line of the cut, sublimate gauze, absorbent cotton, a pad of wood wool, (that this was wood wool I am not positive), then the usual bandage. The patient was doing well the day after the operation.

Partial Prolapsus Recti.

Patient, male, æt. about 50 years, negro. This did not amount to a prolapse, but was an exaggerated case of hemorrhoids. The tumor completely surrounded the anus, and was as large as the largest part of a coffee cup. The patient being under ether, the tumor was transfixed from the skin through the mucous membrane and back by four ligatures of silk, the ends of each being tied but uot drawn down on the tumor. This was simply to keep the mucous membrane from sliding up out of reach. The tumor was cut off close to the ligatures, the bleeding vessels tied with catgut. The skin was then sewed to the mucous membrane by a continuous catgut suture and the silk removed. The rectum with iodoform gauze and compresses of antiseptic (sublimated) gauze placed over, was held in position by a bandage. Prior to and following the operation, the part was washed with carbolic acid, corrosive sublimate and boro-salicylic solution at different times. It was not expected that union throughout the entire wound would be gained by first intention. What did not unite would be made to contract and heal by the use of the actual cautery.

—"The New York Record" believes that when the nine national (special) associations are brought together as a congress of American physicians and surgeons, we will have a body of men that will do honor to American medicine. It adds "the question of finding a time and place agreeable to all is a serious one. Yet it should not prove insuperable, and some of our associations might concede a little for a common good."

Certainly! So far as we are concerned we would prefer to have it meet alternately in New York and Philadelphia, but will not object to Alaska if the common good should demand it.

ORIGINAL ARTICLES.

MECONEUROPATHIA 1.

BY C. H. HUGHES, M. D., ST. LOUIS.

The long continued use of opium or its salts, (in any considerable quantity), engenders a disorder of the nervous system which is entitled to distinctive recognition. Its sequence is as much a pathological entity as alcoholism, saturnism, hysteria or chorea.

Meconeuropathia is as much entitled to recognition as that well known disease, epilepsia, whose clinical features medical science has so much better portrayed than its distinctive pathology.

The reputed pathology of disease is subject to change, dependent upon the modification and improvement in method of study, and the manner in which, from time to time, the profession views the revelations of science as to morbid products and necroscopic appearances and their relation to the pathological processes which may have preceded or followed them. Witness, in illustration, the changing and changed views of the pathology of phthisis and cholera, which just now are generally supposed to have but little to do with the nervous system, though the state of the nervous system has, in my opinion, very much to do with them, notwithstanding their bacillian relations, which, though generally recognized, are yet not definitely settled.

Whether bacilli make these diseases or these diseases furnish the congenial soil for the bacilli, is sufficiently contested, in certain quarters, to warrant the assertion, whatever may be our individual opinion, that the final pathological relations of bacilli to phthisis and cholera, are not incontestably determined and universally settled in the professional mind. Yet we accept phthisis pulmonalis and cholera Asiatica as facts, notwithstanding we may still discuss their respective pathology.

The writer has long been familiar with the distinctive symptomatological sequences of chronic opium poisoning of the nerve centres, having had abundant opportunity to see the neuro-psychic phase of the malady during his connection with the asylum for the insane, at Fulton, Mo., as superintendent and physician, from 1866 to 1872, and of observing them since the latter date in a practice which has grown sufficiently neurological to occupy the writer's whole time to the exclusion of other diseases. He has deferred the present communication in the hope that he might reach a more satisfactory conclusion than that which he now holds, respecting a definite pathology for meconeuropathia. Under the title of chronic meconism he has discussed this disease heretofore in its symptomatological grouping, in considering its treatment, but has never emphasized, as he does now, in this communication, nor has anyone else so emphasized the fact, that the long continued and uninterrupted impressions of opium upon the cerebro-spinal and allied ganglionic system engenders a state of undoubted neurotrophic and combined specific poison-impairment, which persists a long time after the abstraction of the drug, and which is immediately apparent in its intensest form upon its abrupt withdrawal.

This condition and its symptoms are to be differentiated from the symptomatology of the direct and daily renewed opium stimulation, which marks the graver condition and its symptoms, while the patient's blood holds the abnormal excitant in solution in the circulation.

The opium habituate maintains a semi-physiological condition while under opium influence. It is only when it is taken away from him that the true and pathological condition of his psychical sensory and ganglionic nervous systems, especially, become apparent. Remotely, it is the poison that has made the trouble. Immediately, it is the repetition of it in quantities and at intervals to which the abnormal nerve centers have become accustomed, that masks the real malady and give the patients relief.

It is of the utmost importance, in practice, that we should recognize the undoubted fact that opium habitually taken into the system engenders a neurosis, a psycho-neurosis, at the same time that its administration palliates and subdues this psycho-neurosis for a very long time, if given in gradually augmented doses.

It is not to recent poisoning that the opium neurosis is due, but to a slowly brought about change, which persists long after the opium is withdrawn, if the patient do not perish from too sudden abstraction of the drug, and blind and unwarranted reliance in a *vis medicatrix naturæ* (which is not present in these cases) for self rectification, as I have known to occur in some cases, and as I believe occurs in many more cases than are recorded, the death of the patient being attributed to causes which are supposed to be disconnected from

1 This paper was announced to have been read before the Section on Medicine, American Medical Association, last day, but was crowded out by preceeding papers and withdrawn by the author.

the meconophagism, but which are really the result of it, such as cardiac paralysis, neuralgia of the heart, and angina pectoris, so-called. Obersteiner, a German physician, advocates abrupt withdrawal, a practice, which, from extensive observation of attempts made by other physicians with cases, which have come into my hands, and from desperate self attempts to quit the habit by suddenly giving up the use of opium, and from a knowledge of fatal results from this practice, I most unqualifiedly and emphatically condemn as unscientific and cruel, in view of the persisting morbid sequelæ of opium addiction. It is an inhuman and barbarous practice. When the habit is of recent standing, the quantity taken is small and the consequent central nerve impairment so slight as to leave the nervous system in a state of almost physiological recuperability, of course the abrupt weaning process may be considered, and if the results of a greatly shattered nervous system do not appear within thirty-six or forty-eight hours (for some patients take but one large dose of ten or twenty grains of morphine a day whose impression lasts for twenty-four hours), it may be tried.

The opium neurosis we are considering is not an intoxication from the drug, but a central neurotic change, brought about by the long persisting perversion of function and impairment of central nervous nutrition, from its persisting presence in the nutrient pabulum of the circulation.

The psychosis of opium is a blended intoxication and chronic poisoning of the psychical centers of the brain, and other symptoms of acute opium poisoning are essentially different, being mainly a profound paralysis of sensation and of the centers of involuntary motion especially having their origin in the medulla and upper part of the spinal cord—profound narcosis, lowered respiratory movements, etc., while chronic opium poisoning, or meconeuropathia, is characterized by repeated nerve excitations, in which the nerve centers, not being completely overcome, a kind of tolerance is established, with progressing developing abnormal molecular neural changes, which are as repeatedly covered up and marked by the renewed doses, till some sudden deprivation of the drug or failure to appropriate it, reveals, in full force, the neural mischief which has been gradually done. Opium, like a bank defaulter, both makes and masks the mischief done, which is kept concealed so long as he stays in the institution.

In former communications the writer has discussed the effects of opium as a toxic psychosis (*vide Alienist and Neurologist*, and paper before the St. Louis Medical Society.)

The purpose of this paper is to give emphasis to those neuropathic features which entitle it to distinctive prominence in the nomenclature of disease.

Within a period of from ten to twenty-four hours, in rare cases, after twenty-four or thirty-six hours, after the last dose of the accustomed stimulus has been taken, a singular psychical and physical restlessness becomes manifest. The patient becomes ill at ease, can not sit or stand or lie still, moves or tosses about, and his or her attention cannot be steadily engaged by ordinary conversation. Later the restlessness intensifies. At this stage the patient will evade you, or seek some excuse to get where the missing morphine or opium prop can be found. He or she will, at this juncture, go clandestinely to the place where the vial, or powder or pill or deadly hypodermic syringe, is secreted, or make a pretext for visiting the nearest drugstore or doctor. If to the latter, the victim has a ready made story of a painful fictitious malady for which opium or some of its preparations are prescribed. A convenient diarrhea, a sudden painful cough, a toothache or neuralgia attacks him. When the opium is out of him, he suffers real pain, but it is only meconalgia—the pain of opium withdrawn—the pangs which follow in the trail, and not from the pangs of the opium serpent.

If the patient is not suspected and under restraint, a ruse of this kind is successful, and the further progress of the symptoms is arrested.

But if the symptoms are not thus subdued, the mental restlessness passes in furtive glances of transient morbid suspicion, which soon pass into spectral illusions, hallucinations and delusions, and later into delirium with marked agitation and sometimes slight tremors. The agitation and fright are not extreme like those of alcoholic delirium, and the delirium is less broken. The character of the transitory insanity following sudden opium withdrawal will be modified like insanity in general by the constitutional susceptibility and tendencies to insanity in the person. The hysterical diathesis will be unmarked in some cases, conditions bordering on true mania and despairing melancholia and suicidal tendencies will appear in others, while in others only wretchedness, mental confusion and fleeting illusions will appear, but in all there is head disturbance approximating delirium and threatening insanity. This is the psychical picture which morbid nature deranged by chronic opium poisoning of the brain, has al-

ways painted for me in a not very limited experience.

The lower neuropathic features are the following with but little variation in all the cases which have come under my observation.

The general nervous agitation increases as the patient gets further away from the last remnant of narcotic support, when the opium has passed out of the system and finished its morbid mission within it. The limbs, especially the forearms, ache and pain somewhat as if the patient were attacked all over with a severe muscular and arthritic rheumatism combined, and darting lightning-like pains, traverse the peripheral sensory nerves. This is only an approximative description of the pains, for the pains of the opium neurosis are peculiar as those of locomotor ataxia, and preferably occupy the upper extremities, as those of posterior spinal sclerosis, are found chiefly in the lower limb. Cold sweat and profuse, appears over the body, the enteric vaso-motor system seems paralyzed, and an exhausting diarrhea, at first loose and fecal, and finally watery, sets in. The patient feels as if dissolution were imminent. His tongue is furred and mouth clammy, the preternatural brilliancy which the eyes may but the day before have shown, is changed into a muddy, leaden appearance, with a look in them of hopeless despair.

The heart beats fast and feeble, but the temperature frequently falls a degree or two below normal, but I have never seen it mount rapidly above 98.50°.

The respiration falls in frequency and become gaping, but it rarely becomes extremely slow and deliberate as in acute opium poisoning. The sclerotics in most cases, when the opium habit has not extended over many years, have a fairly liquid transparent look. The reflexes are exaggerated, and the patient has insomnia, or if there is drowsiness, it is an abnormal sort of somnolency of a delirious character, from which the patient starts at the slightest touch or without any excitation in a fright.

Nausea and vomiting set in simultaneously with the diarrhea; the bladder empties itself often; and every function under the control of the solar plexus seems to have lost its normal restraining influence.

The neural phenomena of the meconic neurosis below the head, in its crisis stage, resemble those of cholera nostras, excepting the pains in lieu of cramps being more diffused or confined more especially to the arms, while those of cholera are more frequent in the lower limbs, and I have no doubt that the cause of the symptom is in the exhaustion of Auerbach's and Meissner's plexus, especially in both diseases and in the semilunar ganglion of the sympathetic. The thoracic ganglia do not escape in either disease.

The head symptoms of the opium neurosis are essentially different from those of cholera morbus, and the enteric attack in the latter disease is far more violent and acutely destructive than in the former. The diarrhea and vomiting of the opium neurosis are more deliberate in character and are tolerated for several days, if unaverted by judicious medication, without fatal results, and are more promptly averted by opium given internally than cholera morbus, though it is surprising how effectually we may control cholera morbus by hypodermic morphia, though not so speedily as the diarrhea and vomiting of the opium neurosis. Opium is a congenial drug in the diarrhea and vomiting following its withdrawal, and the certainty and promptitude with which it arrests the most alarming symptoms, even when given into a stomach that rejects everything else, is a diagnostic sign of the opium neurosis.

In the neurosis the nose does not become speedily pinched in appearance or the features so death-like and pale as they appear after a few hours of cholera morbus, and the voice does not get so husky or feeble.

I have seen a patient die of abdominal and cardiac dropsy following repeated self attempts always abandoned, to give up ten grains hypodermically a day; and I have known patients to die of heart paralysis after sudden deprivation. I have never allowed these alarming symptoms to go on,in my own cases, but have begun at once to restore the opium to the normal quantity, habitually used till all symptoms of nerve failure have subsided, and then begun a rational system of gradual reduction, therapentic substitution and reconstruction of the patient. The opium neurosis is not cured, even when the patient has been weaned from his accustomed drug, but he is often subject to neuropathical symptoms, and a proper subject for continued neurological treatment, requiring treatment for many months after cessation, to prevent a return to the use of the drug that damaged and enslaved. The patient is not safe from neural damage, even though he may never return to the drug, until he fattens some, feeds well habitually, and sleeps much, and can resume his ordinary occupation without nervous fatigue and an inclination to take to opium or other form of stimulation. With this view of this disease it would be fitting here to protest against the substitution of some other form of stimulation for opium, abandoned or

withdrawn, and when the disease-weakened nervous system has been enslaved by another stimulant narcotic, call that a cure.

There is a periodic form of morphia-craving, so much like periodical dipsomania as to entitle it to the term opiomania, which develops in patients of neurotic temperament who have been given morphia or opium to any considerable extent. This shows itself sometimes in persons who have been broken of the opium habit, and these are the most hopeless cases to treat.

This periodic opiomania is characterized by an overwhelming morbid craving for the drug which comes on like the craving for drink to the periodic drinker, without warning except a morbid restlessness and sometimes an irritable stomach, which a full dose of morphine—a third to half a grain—will appease, and if followed by a night of sleep the craving will be allayed sometimes for a week, sometimes for a month. These cases should be studied more than they are in the light of what we know of the periodic drink craving. They are easily developed by the administration of morphine or opium to neuropaths, in whose ancestry insanity and allied nervous diseases are numerous.

But this is not the acute neurosis *sui generis* developed by repeated excesses in opium taking, in the non-hereditarily neuropathic, but rather a less painful and less violent and more chronic and enduring form. From three to six weeks of abstinence, or abstinence and substitution combined, ordinarily suffices to cure the acute opium neurosis. The chronic form of the trouble is much more persistent, persisting often times for a lifetime, because a dormant morbid heredity has been awakened into active life not to slumber again till the last sleep of life overtakes the unfortunate sufferer. The true opium neurosis sustains about the same relation to the chronic periodic form of opium neuropathy that alcoholism sustains to dipsomania.

Alcoholism is a morbid condition of the nervous system, developed by repeated alcoholic libations, dipsomania, a latent neuropathic condition, readily excited into activity by the poison. And the poison often develops this disease with surprising rapidity. These are the persons to whom a single drink is often dangerous, and astonishes us with its consequences, because they are so extraordinarily disproportionate to the time the victim has been given to drink. Such persons become drunkards in a day, as it were, and persons like them become opiomaniacs or periodic opium takers, or have insatiable desire after a few doses of morphia or opium.

The opium maniac, like the dipsomaniac, is prepared by inherent organic instability to be made so, after one or a limited number of toxic impressions. In some instances he is as susceptible, by hereditary instability of psychical nerve elements, as powder or dynamite are to explode, needing only the exciting spark or concussion of a marked opium impression. But true meconopathia or the consequences of prolonged and continuous meconism in non-narcotic doses, so gradually induced that a kind of tolerance to the graver direct toxic effects is established, and the ordinary prompt narcotic effects are resisted by the organism, is, like chronic alcoholism, as contradistinguished from dipsomania, more gradually effected and developed by changes induced in the cerebro-spinal centers, through slow poisoning and nutritional perversion of neural tissue.

An acute psychosis resulting from opium in the blood in moderate quantities is, I am convinced from long observation and diligent inquiry, associated with inherent central nerve instability, often and most usually associated with the insane temperament, already actively displayed in some member of the family, and only dormant in the individual till aroused by the disturbing influence of the drug, and, like acute insanity, developed by alcoholic intoxication. Here both opium and alcohol become valuable diagnostic signs in our search for a dormant hereditary psychopathic tendency.

The sum of this subject, as thus only preliminarily and too cursorily presented, is this:

1. Large doses of opium cause an acute narcosis and well known forms of physiological depression, which we are not here considering.

2. Under gradual habituation to increasing doses, acute, narcotic, ordinary, toxic effects are, in great measure resisted by the organism, and sensory analgesia, and psychical exaltation followed by brain weariness, somnolentia and sleep after each repetition of the dose are the chief ordinary manifestations, with a final more or less impaired function of bowel, liver, skin, with certain psychical features.

This is not the subject now claiming our attention. This true chronic meconism or papaverism and its characteristic symptomatology is due to the combined influence of a damaged and a poisoned nervous system.

3. A true acute psychosis is developed in the neuropathically inclined, as insanity is developed by a large drink or two of some strong alcoholic beverage. This is the acute insanity of opium requiring two factors, hereditary

predisposition and a central toxic influence to induce. This we are not considering now.

4. A hereditary instability of nerve elements lead some organisms to irresistibly crave stimulants at certain times, generally after ordinary nervous and physical exhaustion, and these are satisfied with alcohol or opium. If they happen to find solace in opium readily, they become meconophagists, or if alcohol first falls in their way and the insatiate longings of their unstable nervous organisms find in some beverage containing it the agreeable and temporarily satisfying impression their neuropathic organisms crave, their will, mastered by the lower dominant organic feeling, becomes a slave to the tyranny of a bad organism regardless of consequences, and they enter like the luckless DeQaincy, into an Iliad of woes.

But it is not this feature of the opium habit we are now considering, but rather the mark and impress it makes upon the central neural mechanism after the poison is no longer present in the blood, to mark or modify the symptomatic expression of the organism.

This is the true meconopathia or morbid condition engendered by the repeated and long continued assaults of the toxic enemy on the cerebro-spinal and ganglionic centers, and which comes on shortly after the withdrawal of the drug, and abides with the system long after the drug is taken away, especially in permanent psychical aberration and final dementia.

If we contrast the prominent symptoms of opium present and opium absent in meconophagism and meconopathia, we find in all cases, in the former, constipation, psychical satisfaction or exaltation, followed by drowsiness and sleep, analgesia, fair tonicity of stomach and skin. In the latter, we find always very loose bowels, requiring medical restraint after the first day. Relaxed and perspiring skin, nausea and vomiting, sensory hyperesthesia of special senses, hyperalgesia, especially about flexor regions of forearm and about joints of lower extremities (true meconalgias) psychical depression and insomnia, psychical delusions of dread and of approaching calamities.

These symptoms may be modified by treatment so as to end in convalescence in the course of six weeks, and to disappear entirely in the course of eight to ten, according to the degree of damage done, or, if ignored, they may end in irreparable mental alienation or death.

The therapeutic deductions are to restore the too suddenly abandoned drug, and then withdraw it gradually, supplanting it by the most sustaining nutrition, medicinal substitutes and sleep.

The chief practical point from this view is that it is not the presence of the poison that makes the mischief, though the poison has made it, but its absence, which reveals the damage. The poison is, in fact, in a measure, like the hair of the dog that heals the bite. Like relenting violence, if allowed to moderately handle its victims, it helps to lift up and heal the wound it has made, and soothe away the pain it has caused.

We have a damaged nervous system to repair, and we should only withdraw the opium as we reconstruct the damage it has made, because while it wounds, it also sustains. It is not enough to remove the foe, but we should repair the effects of his invasion as well; and while we should place the eneny in retreat, and drive him out, we should sustain the friend we fight for at the same time, and strengthen his powers of resistance.

I know, from ample observation in cases when it has been tried by others, and the patients, with minds deranged in consequence, have fallen into my hands, that Obersteiner's method of sudden weaning is cruel, dangerous and unscientific, for in the sequences of chronic opium poisoning, we have diseased conditions in which the central nervous system has been so crippled that it needs the sustaining crutch of opium; and opium is not the only article of the materia medica that has the power to both pull down and prop up the system.

Such reasoning, as says the cause must be taken absolutely and at once away, is sophistical and fallacious, because of the fact here maintained, that a pathological condition abides after the agent that caused it has left the system, and the agent that made the mischief has, in lessened doses, most benignant compensatory and sustaining powers.

THE PHYSIO-PSYCHOLOGICAL CHARACTER OF PHYSICAL FACTS.

BY FRANK M. VANCE, M. D., MEMPHIS, TENN.

Empirical investigation into the constitution of matter and force has led to investigation as to the qualitative determinations of space. The concepts of matter and force are of sensuous creation, as likewise is the concept of space, and as the essential nature of matter and force in itself, independent of conceptional conditions, is to be determined by experimental investigation, so also must the

essential nature of space be so determined. Scientific paradox, seemingly unbelievable to the common sense prejudice of the majority, must be accepted in entirety, for what rests on mathematical or physio-mathematical demonstration, cannot be questioned.

Our space concept is derived from abstraction of the content of material existence, solid, liquid or aeriforn conditions, conditions essential and formative, formative as limitations to the vacuistic concept, and is built up out of sensuous impression of materiality, negative and positive. Our sense of space, as determined by optic impression and rectified by the tactile sense which gives the dimensions of length, breadth and depth, is only an approximation of real, in contradistinction to ideal space. The possibilities of other dimension which cannot be elaborated by sense, is not only made probable by physiological analysis, but becomes a necessity for explaining certain scientific problems. The conditional representations of sense are relative, and the highest conceptional product of sensuous ideational activity is but an approximate expression of the absolute, caused by limitations of psycho-physiological activity of the nervous organism.

Our nervous organism for elaboration of our space conception has its development as far as our sensuous representation is concerned in homoloid space, viz., flat space of three dimensions,length,breadth and depth, and our sensuous representation of this form of space, as specific determinations of material existence,is qualified by these dimensions. Euclidean geometrical demonstrations hold good in this form of space, but, let us suppose that, by some anomaly or suppressed psycho-neurotic development, we were disabled from conceiving of the dimension of depth. The proposition that triangles, whose three sides are equal to the three sides of other triangles, cover the same areas is true, as applied to flat space of two dimensions of length and breadth, but false as applied to space egg-shaped, for triangles drawn upon the surface of an egg with the three sides equal to the three sides of other triangles there drawn, will be found to differ as to areas enclosed in the three sides. And were we incapacitated from appreciation of the dimension of depth, the curvature of the egg would be lost sight of, and, to the imperfection of our sense, would be presented the contradiction of triangles with three sides, equal to three sides of other triangles and differing as to areas. The surface of the egg, instead of being irregularly curved, would, owing to our senusous incompetency, disabled from conceiving of depth, be looked upon as a flat surface. Again, as to the straightest line being the shortest distance between two points, the arcs of a circle would, to the imperfect sense, be the straightest lines, when really the chords of the circle would be the shortest as well as the straighest. But the imperfect sense disabled from appreciation of depth, and consequently of curvature, could never know the absolutely straightest line, and the contradictory fact, were the imperfect sense, enabled to perceive the chords of the circle of straightest lines between two points varying when their length was measured, would be ever present to the imperfect sense as an insoluble problem. An almost infinite number of lines could be drawn connecting the two poles of a globe, all of which would be the straightest but not the absolutely shortest, the diameter being really the shortest line, but, the imperfect sense, unable to appreciate curvature, could never know this. In pseudo-spheroidal or saddle-shaped space, the axioms of Euclid would suffer contradiction, for a great number of straightest lines could pass between two points without ever meeting and without being parallel.

The apparent contradictions of physical facts when they do exist, must be settled by an appeal to physio-psychological science, to which all sensuous concepts are subjugated.

EDITORIAL NOTES.

Inoculation for Yellow Fever.—The report recently made by Dr. H. M. Lane, of Carthage, Mo., confirmatory of the efficacy of Dr. Domingos Freire's preventive inoculation of yellow fever, has been corroborated by M. Rebourgeon, who being one of Pasteur's scholars and a trained bacteriologist went on to Rio de Janeiro to perfect Freires, methods. At the meeting of the Societié de Biologie of Paris held May 22nd, M. Rebourgeon reported on 6000 inoculations with no fever infection subsequently and on seven cases of inoculation of patients with the disease, all of whom recovered. A commission of five including Mm. Brown-Séquard and Cornil, was appointed to study the method.

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SATURDAY, JUNE 26, 1886.

THE COMING MEETING OF THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION. (The Old Tri-State Society.)

We learn from the Secretary, Dr. Wright of Olney, Ill., and from Dr. Byrd, chairman of the committee of arangement at Quincy, that there is a good prospect for one of the "old time" sessions of this society. A great many letters are being received, showing that the recent editorial in the REVIEW "struck home" and if promises are worth anything, there will be a good attendance.

This Associatton has been and still should be second only to the American Medical Association, and as it is a disinctly Western society, it should be well supported by Western men. The false statements made by ignorant ones, that it is in antagonism to the State and National Association, has been sufficiently contradicted, and not one such charge has been maintained.

A very pleasant way for delegates going to Quincy will be by boat. The St. Louis and St. Paul Packet Co., through their courteous secretary, Mr. T. L. Johnston, says

"We will make the rate to Quincy and return, for delegates, $5.75, including state room and meals. Our steamer War Eagle will leave here, July 12th at 4 P. M., arriving at Quincy at 11 A. M., the next day. The Gem City will leave Quincy about 9 P. M., evening of 14th, and get into St. Louis by 9 A. M., next day."

This will make a pleasant excursion for members who can go by way of St. Louis and we believe it will be taken advantage of.

OUR EXCHANGES.

We would be something more than human—or less—did we fail to be touched by the many expressions of good will and appreciation that come to us through the medium of our exchanges. It helps along to know that our efforts to make the REVIEW useful to the practitioner and interesting to all are bearing fruit. Each mail brings some new commendation, or kindly mention.

This year seems to be a year of unusual prosperity for medical journals. The full list of old ones comes regularly. Several new ones have found their way to our table, and all have a cheerful appearance that indicates success.

The editor's table is a veritable experience meeting—reports from all sides—personal views—remedies and sometimes confessions—criticisms it may be and corrections—all these and more form the material from which selection must be made.

We are fortunate in our exchanges—in their number and character—both home and foreign—and there are two things—among others—that we will not forget: 1st, to reciprocate all good wishes and give credit when we quote.

2nd, to make a point whenever we can, and if any body is hurt to accept his apology.

TREATMENT OF TRANSVERSE FRACTURE OF THE PATELLA.

Of late quite an array of reports have been published favoring a cutting operation for the permanent union by suture of transverse fracture of the patella. These methods arose from inadequacy, in many cases, of the ordinarily established ligamentous union, which fibrous band, though approximating the fragment nicely at first, is found to stretch gradually, causing a separation of the fragments and a wretched practical result.

Conrad Brunner has gone into the subject of the treatment and of the final results in such cases, and, having the abundant material of the Zurich clinic at his disposal, gives his

conclusions in the *Zeitschrift fuer Chirurgie.* Bd. XIII, Hft. 1-2.

His final conclusions favor the non-cutting methods of treatment, condemning all the modern procedures of these days of antisepsis, such as puncture of the joint, tendon-suture or bone-suture. At any rate, he limits their indication to a great degree.

The greater number of the transverse fractures of the patella that were received at the Zurich clinic in the period from 1860 to 1885 were treated by mechanical measures and apparatus. In addition to plaster of Paris, Billroth, during his sojourn at Zurich, employed strips of adhesive plaster to approximate the fragments.

Rose employed fenestrated dressings of plaster of Paris and stuffed cotton between the margin of the fenestrum and the upper fragment, in order to force it downward. Kroenlein used Malgaigne's clamp with Trélat's modification, whereby the hooks do not grasp the patellar fragments themselves, but strips of vulcanized rubber that are super-posed.

By these methods the hemorrhagic effusion into the joint was resorbed in a week or two, no chronic hydarthros following.

In 27 casses of fibrous union the separation of the fragments was 2 mm. to 1½ cm. A rupture of the fibrous band never occurred, in fact, such a union is reported stronger than a bony union which have been known to have become refractured. The patients are at the hospital for nine and ten weeks. The patients, at the discharge, generally walked, without cane or crutch, with a stiff knee.

The ability to bend the knee soon comes on, improving quite rapidly. In about a half a year the patients usually are able to follow their avocation. Similar good results from cautious retentive measures are given out by Camper, by M. Bryant and Hamilton, who treated 127 cases.

With these results Brunner compares our experience with the operative treatment of these same fractures.

Puncture and aspiration of the effusion of blood into the joint was suggested by Volkmann and practically applied by Schede. The reports are meagre. In five cases so treated by Schede, bony union and a perfect restitution of the joint followed in three instances. In a fourth one, a ligamentous union of a length of 6 Cm. developed, but the function was good. The fifth case is not reported on as to its final result. The time of stay at the hospital after this treatment was 70–76 days. Walking was possible without a splint after 4–6 months. A difficulty that von Langenbuch, Koenig, Luecke, etc., have experienced, is the removal of the blood after its coagulation. Schede accomplishes the evacuation of the hemarthros genu, even after coagulation, by using a trocar of good size, and irrigating the joint at considerable pressure. This and massage of the articulation breaks up the coagula and permits the blood all being drawn off.

In respect to the tendon-suture, in especial the peri-patellary suture," we know of seven cases reported by Kocher. The method consists in carrying a wire around the fragments by inserting it into the quadriceps tendon and bringing it out through the inferior patellar ligament. In two cases, suppuration of the joint followed, and in another death. Kroenlein had no better functional results from this dangerous method than from the simple mechanical.

Bone-suture after opening the joint has often been done, and many reports thereof are extant. The author makes a tabellary statement of forty-five fractures of recent occurrence, and an equal number of older ones of the same character, so dealt with. In the first group, the process of repair was usually aseptic; however, in eight cases, suppurative inflammation of the joint occurred, in two cases the thigh was amputated on account of suppuration and pyemia, in two cases the fragments necrosed. In thirteen cases only was a perfect functional result accomplished; in seven cases, however, anchylosis supervened, in five the result was a poor one as far as mobility is concerned.

In the second group, that of old injuries,

there were eleven suppurations of the joint, one amputatiou of the thigh, three deaths from pyemia, seven anchylosed joints and a large number of results with much impaired function.

All these considerations lead the author to favor non-operative interference.

We fail to find a reference in this paper to Swan's method of division of the quadriceps-tendon in order to facilitate approximation and a close union of the fragments. This last method would seem to us the least meddlesome of the operations and one that in no wise jeopardizes the joint. Good results ought to follow the liberation of the upper fragment, that is so made certain.

It is quite apparent that bone-suture, even in the cases of older standing, where a partial reparative condition has already obtained, that may lead to such a closure of the joint that careful wiring of the fragments does not necessarily re-open the joint, is a very dangerous undertaking.

The Metric System.—Whatever may be the future of the application of the metric system to practical purposes in our country, we constantly find in foreign journals, notably the French, German and Italian, the new system applied to medical formulæ. In this country, the United States Marine Hospital Service has adopted the system, and a number of our leading hospitals, the City Hospital of St. Louis, under the superintendence of Dr. D. V. Dean, for example, exact a metric formulation. Dr. Oscar Oldberg, who compiled a table of conversion for the United States Marine Hospital Service, is said of late to have relinquished the championship of the new system in this country. Be the daily routine application as it may, we, in our intercourse with our Trans-Atlantic brethren, must know their mathematical diction and expression. They know ours, for they have only just given it up for a mode they consider the superior. We can not afford to lag behind, and easy methods of conversion have been given the American profession from time to time.

The following rules are by Dr. Otto A. Wall, of St. Louis, the editor of the *National Druggist.* Mathematical exactness is claimed to be superfluous under ordinary circumstances. When necessary, tables of equivalent quantities should be consulted.

Dr. Wall's tables are as follows:

Equivalents of Fluid Measure.

15 minims, about 1 cubic centimetre.
1 fluidrachm, about 4 cubic centimetres.
1 fluidounce, about 30 cubic centimetres.
1 pint, about 0.5 litre, or 500 cubic centimetres.
1 quart, about 1 litre, or 1000 cubic centimetres.

Equivalents of Weights.

1 grain, about 0.06 gramme, or 6 centigrammes.
15 grains, about 1 gramme.
1 drachm, about 4 grammes.
1 troy ounce, about 30 grammes.

For use in constructing a metric prescription, it becomes necessary to adopt some easy rules for conversion from apothecary's to metric weights. The simplest method is as follows:

Multiply ounces by 30 to get the number of grammes. Multiply drachms by 4 to get the number of grammes. When there are less than 60 grains, divide by 15 to ascertain the number of grammes. If there is a remainder, or if the number of grains is less than 16, we may reduce to fractions of a gramme, as follows:

Assume the gramme (written 1.00 Gm.) to be equal to 15 or 16 grains. To convert any number of grains less than 16 into centigrammes, think what fraction that number is of 15 or 16, as may be most convenient, and then take that fractional part of 1.00 gramme to express the metric equivalent, ignoring fractions beyond the second decimal place.

The following will make this clear:

1 grain, 1-16 of 16 grains; 1-16 of 1.00 gramme, 0.06 gramme.
2 grains, $\frac{1}{8}$ of 16 grains; $\frac{1}{8}$ of 1.00 gramme, 0.12 gramme.
3 grains, 1-5 of 15 grains; 1-5 of 1.00 gramme, 0.20 gramme.
4 grains, $\frac{1}{4}$ of 16 grains; $\frac{1}{4}$ of 1.00 gramme, 0.25 gramme.
5 grains, $\frac{1}{3}$ of 15 grains; $\frac{1}{3}$ of 1.00 gramme, 0.33 gramme.

6 grains, 2-5 of 15 grains; 2-5 of 1.00 gramme, 0.40 gramme.
8 grains, ½ of 16 grains; ½ of 1.00 gramme, 0.50 gramme.
9 grains, 3-5 of 15 grains; 3-5 of 1.00 gramme, 0.60 gramme.
10 grains, ⅔ of 15 grains; ⅔ of 1.00 gramme, 0.66 gramme.
12 grains, ¾ of 16 grains; ¾ of 1.00 gramme, 0.75 grammes.

Or we remember that a grain equals 0.06 gramme, and multiply this by the total number of grains. For instance, 20 grains=20×0.06 gramme, or 1.20 grammes; 35 grains = 35×0.06 gramme.

Progress in Dermatology.—Henry J. Reynolds, M. D., Professor of Dermatology in the College of Physicians and Surgeons, of Chicago, in his annual address as Chairman of the Committee on Dermatology in the Illinois State Medical Society, which convened at Bloomington, May 18, 1886, referred to the grouping together of several rare conditions by Duhring under the one general head of what he called dermatitis herpetiformis, and to certain other changes that had been recently made in the nomenclature of skin diseases.

He next, in his remarks on acne, spoke of the procedure recently proposed by Sherwell of Brooklyn, for that disease, viz., the passing of sounds in the male urethra; and cited the cases more recently reported by Denslow of St. Paul, as corroborative of the beneficial results of this supplementary measure in the treatment of acne. For the deep or indurated form of this disease he spoke of the method which he himself usually adopted, and which he believed was original with himself. He always lances those apparently papular indurations deeply and invariably finds pus at the bottom, with a tendency to burrow still deeper, rather than to come to the surface. He then, to prevent the wound from healing over the surface—which it is otherwise sure to do and leave the miniature subcutaneous abscess to go on as before, and remain indefinitely—passes a probe dipped in carbolic acid to the bottom and fills the whole incision from bottom to top with a small piece of absorbent cotton and leaves it to granulate from the bottom, which it will never fail to do, leavihg only an almost invisible scar.

He referred to a suggestion made by Fox, of New York, as to the possible, if not probable cure of leprosy, if the proper moral effect could be brought to bear upon those patients, stating that the moral effect was usually depressing in the extreme, banished as they usually are from society and imprisoned for life as it were with only the promise of a most miserable existence and a lingering death.

He referred briefly to the pigmentary syphilide and to a cause reported by Dr. R. W. Taylor, of New York, and one by himself of this condition.

He then cited the treatment suggested by Bulkley for carbuncle, without incision and poultice, viz., an ointment containing ergot and oxide of zinc locally, and sulphide of calcium and saline laxative with iron internally. He also spoke of the treatment so highly recommended by Dr. Hibberd, of Richmond, Ind., of applying with friction every three hours oleate of morphia.

He then, in speaking of urticaria, said that Lassar claimed to have reduced the frequency and cut short the duration of violent attacks of this disease by giving 24 grain doses of salicylate of sodium repeated every two hours until three doses had been taken.

In ringworm of the scalp Alder Smith recommended seven grains of chrysarobin to an ounce of chloroform his theory being that the chloroform dissolved the sebaceous and fatty substances away and favored thereby, the penetration of the chrysaobin. A. J. Harrison, he said, for this affection, applies first a mixture of one-half a drachm of iodide of potassium to an ounce of liq. potassæ. When this has penetrated, he applies a solution composed of three grains of bichloride of mercury to the ounce of sweet spirits of nitre. His theory is that the liq. potassæ softens the hair bulbs and facilitates the penetration of the iodide of potassium. Then when the mercury mixture is applied the bi-

niodide is formed at the bottom of the follicle, a chemical change which he claims to be very beneficial.

The writer then referred to the use of chrysarobin internally, so highly recommend by Stocquart a short time ago for various skin diseases. For theoretical reasons, and from experience, he did not believe the drug had any special value as an internal remedy; and even the original advocate did not, of late, claim so much of it as formerly.

Brief reference was then made to the use of cocaine in dermatological practice. He said he had found it to be of some service to allay itching in certain cases of eczema and in pruritus ani, in strong solution. He had used it to relieve the pain incident to the removal of superfluous hairs by electrolysis, but the remedy was not sufficiently absorbed by the skin as a rule to be very beneficial.

Diagnostic Test of Typhoid Fever.—The *Therapeutic Gazette* reports on the labors of several observers who, with a desire of testing the true value of so-called abortive methods of treatment of typhoid fever, have searched for an indisputable, positive test of diagnosis. Doubts as to diagnosis that are quite justified on the strength of many of the reports, seriously vitiate the statistics of the alleged actual abortive treatment. The bacillus of Eberth has been selected as a diagnostical test, and the *Gazette* writes: Attempts to find this bacillus in the blood have not been very successful, although Neuhaus (*Berlin. Klin. Wochen.*, 1886, No. 6) observed them in blood taken from incisions made near the roseola spots. M. Bouchard has also found the bacillus in the urine. Recently Philopowicz (*Wein. Med. Blatt.*, 1886, Nos. 6 and 7; *L'Union Médicale*) has communicated the results of his personal experience in the examination of blood drawn from the spleen of typhoid patients. Having washed the skin with a solution of bichloride, 1 to 1000, he inserted the needle of a hypodermic syringe, previoosly sterilized, between the ninth and tenth ribs, and withurew some of the splenic blood and juice. In this he was able to recognize the bacilli of Eberth, and produced cultivations showing their specific character. All this was done in four patients before the appearance of any roseola. There does not seem to be any great inherent difficulty in using this method of testing the nature of a suspected fever, provided, of course, that subsequent experience confirms the results of Philopwoicz. Such a method cannot be made a routine one, but in hospitals it may be frequently used, and by it perhaps the much-disputed question as to whether typhoid fever is ever aborted can be settled.

Operations for Stone in the Bladder.—At the German Congress a subject of discussion was introduced by Professor Koenig, on operations for stone in the bladder. The subject had been postponed from last year's Congress. Koenig opened his address with a critical explanation of the two methods under consideration, the suprapubic and the median operations, and propounded the following thesis for discussion: 1. The perineal median section is, as a preliminary operation for getting rid of smaller stones, almost entirely free from danger. It is, further, quite sufficient for the removal of small and medium-sized stones, as well as common movable foreign bodies (bougies, pieces of catheter, etc). If there be very large or numerous calculi, encysted calculi, or foreign bodies of a particular kind, especially fixed metallic bodies, the entrance into the bladder, obtained by the operation, is insufficient. Although, as the history of the perineal section shows, the greater part of this operation can be effected from the perineum, though only after breaking the stones, there this, in this prolonged employment of force within the bladder, a great source of danger. 2. The high or suprapubic operation is, in itself, accompanied with special dangers—namely, urinary filtration and its consequences, to which a certain percentage of patients succumb. On the other hand, it affords a free approach for examination, and for the removal of large stones and of foreign bodies situated in a dif-

ficult position; and the procedure, in this operation, for the removal of foreign bodies, is far less dangerous than removal effected, under similar circumstances, from the perineal section. From the above, the following conclusions were drawn. Perineal median operation is the normal method for small stones and movable foreign bodies. The high operation is preferable in difficult cases.—A small pamphlet, containing these theses and a brief survey of the state of the questions on operations for calculi of men, by Dr. Kramer, was distributed amongst members.—Dr. Koser, of Marburg, advocated the high operation; and Dr. Ebermann, of St. Petersburg, supported lithotrity.—Drs. Bergmann and Trendelenburg spoke in favor of the high operation; Drs. Furstenheim and Schoenborn in favor of lithotrity.—Drs. Volkmann, Koenig, and Schede took part in the further discussion.

Traumatic Tetanus.—The Berlin correspondent of the *British Medical Journal* reports from the late Fifteenth Congress of the German Surgical Society:

The most interesting address was by Professor Rosenbach, of Goettingen, on the Etiology of Traumatic Tetanus in Man. An animated discussion followed on Rosenbach's theory, which was to the effect that the cause of this form of tetanus was a characteristic bacillus, which, when transferred to animals, produced the same symptoms as in man. The disease had been observed in hospitals and on the battlefield, and had generally been attributed to neglect. From a patient in the Goettingen Clinic, Professor Rosenbach took, last January, some gangrenous matter, and inoculated it upon a number of rabbits and mice; the next day, these animals died from tetanus in a few hours. The same result followed further experiments, and Professor Rosenbach then tried to make pure cultivations of the infective matter, and, amongst various micro-organisms, he found a peculiar bristle-shaped bacillus. This bacilius Rosenbach considered to be the cause of tetanus, and described its effects in this way. From the point of inoculation the poison spread there the blood-vessels to all parts of the body, each bacillus producing a poison similar to strychnine, which caused the tetanus. Rosenbach did not consider the investigations on the subject by any means concluded, and believed that many objections would be raised against his view.

When not to Give Chloroform in Parturition.—1. Never give it to a woman who has a tendency to flood during every confinement, or to those who have great relaxation of fibre, or weak, anemic women in their eighth or tenth confinement, except for necessity.

2. Do not give it where labor is complicated with severe vomiting, or with acute heart or lung troubles, unless there be an imperative demand for it.

3. It should not be given to complete anesthesia except for operations, convulsions or spasms of the cervix, and then one person should devote his entire attention to it.

4. The inhalation should be stopped directly the pulse becomes weak or the respiration irregular.

5. Do not give it if there be grounds to fear a fatty or enfeebled cardiac wall.

In all cases where it has been given, there should be extra care to prevent post-partum hemorrhage.—Dr. Savill, Eng.

Amputation under Cocaine Anesthesia.—T. R. Varick reports in the *New York Medical Journal*: Ether being attended with alarming symptoms, cocaine anesthesia after the method of Corning was exhibited in a case of a man who had received a compound fracture, and in whom amputation at the thigh was demanded. The operation by antero-posterior flaps was done, no pain being experienced at the first incision through the integument, the second through the deeper tissues to the bone, the transfixion of the limb, the trimming of the flaps or the insertion of the sutures, but some pain was felt when the bone was attacked.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

Stated meeting held Saturday evening, June 19, 1886. Vice-President Dr. Bremer in the chair.

Dr. Prewitt presented to the society the genital organs of C. Arthur Preller, which have lately figured in the celebrated trial of Maxwell. The body of Preller was buried over twelve months ago, and was resurrected by the prosecution, owing to the defense claiming that he had died from an operation performed upon him by Maxwell for stricture of the urethra. There was no odor when the coffin was opened, and the face, although discolored, retained the form of the features so perfectly that the doctor thought he could have identified him, if he had known him before death. The genital organs were also discolored, and the extremity of the penis dry and hard, but upon being placed in alcohol and glycerine, regained its normal pliancy. The urethra being laid open throughout its entire extent, the mucous membrane was found to be intact, and in such a state of preservation that it could have been dissected off from the underlying tissues in its entirety. There was no thickening in the surrounding parts, and the doctor was positive that at no time had there been an organic stricture of the canal. Thought that inflammatory or spasmodic stricture could play no role in this case, as he was of the opinion that spasmodic stricture existed only in conjunction with organic disease of the genitals, which would have been revealed by the examination, and that what was usually called an inflammatory stricture could not properly be called a stricture of the urethra, as it was only temporary and disappeared upon the subsidence of the swelling.

The specimen was then presented to the members for examination, and all agreed that there had been no organic stricture.

Dr. Green brought up the question of spasmodic stricture being produced by masturbation, and stated that he thought it never depended upon that habit.

Dr. Dean stated that he concurred with Dr. Prewitt in the belief that spasmodic stricture never existed, except in conjunction with some organic lesion of the genito-urinary tract.

Dr. Bryson thought it would have been better if the bladder had also been removed for the purpose of determining whether there was any hypertrophy of its walls or not, depending upon a stricture. Spoke of the diagnosis of urethral stricture during life, and said that it depended largely upon the surgeon himself, and his ability to get an instrument into the bladder; that there were surgeons who found a stricture in nearly every urethra they explored, on account of their want of skill in passing a catheter.

He also thought, as Dr. Prewitt, that there had been at no time any stricture of the urethra in the specimen presented.

Dr. Prewitt being asked what was used in embalming the body stated that he knew nothing of the composition of the fluid used, other than it was known as the "oriental embalming fluid." The body had been in the trunk nine days after death, and was in a fearful state of decomposition, but that process being checked by the embalming fluid, the gases generated had gradually escaped, and at the time of the last disinterment the body was in a remarkable state of preservation.

Dr. Fry related a case of dislocation outward of the patella, caused by direct violence. There was a great deal of deformity, which was caused by the tilting of the patella, the outer edge of which was projecting under the skin, the inner edge resting still on the trochlear surface of the femur. It was easily reduced by extending the leg and manipulating the patella. The doctor spoke of the rarity of the displacement.

Dr. Dean said that he had met with two cases of displacement outward of the patella, and also mentioned a case then under his charge, in which, together with numerous other injuries, the patient had a dislocation forward of the entire metacarpus.

Dr. Bremer spoke of a case of dislocation of the patella which had occurred eighteen years before, and, although the patient had consulted several surgeons, the bone was still unreduced, and thought it strange that the trouble should not have been remedied in the beginning.

Dr. Prewitt said that although apparently simple, the reduction of a dislocated patella sometimes presented great difficulties, more particularly after it had existed for some time and adhesions had occurred.

Dr. Scott related a case of a woman who had been flooding for ten days; digital examination revealed a condition which led him to suspect a cancer of the neck of the uterus; a more complete survey of the part, however, showed a large sponge-tent resting in the cervix, which had been placed there without the woman being aware of it, some two weeks be-

fore. Upon its removal the hemorrhage ceased.

Society then adjourned.

CHICAGO MEDICAL SOCIETY.

Official Report.

Stated meeting, June 7, 1886. The president, E. J. Doering, M. D., in the Chair.

Dr. A. Reeves Jackson read a paper entitled

The Intra-Uterine Stem in the Treatment of Flexions

exhibiting the stems used.

The essayist began treating uterine flexions with the stem pessary in 1870. Prior to that time the only methods he had employed were gradual dilatation and incisions. The results were so unsatisfactory that he sought for a safer and more successful method. Having received the impression that the use of the stem pessary was more hazardous than either the dilating or cutting plans, he commenced its employment with misgivings, and did not rely wholly upon it, but preceded it with either gradual stretching or slight incisions. In two cases this mixed method was followed by pelvic abscess, a sequence which he had never observed when the stem alone had been used. All cases of uterine flexion are not accompanied by dysmenorrhea or sterility, yet when there exists a relationship between these symptoms and an existing flexion, the latter must be looked upon as a mischievous factor, and one that should be removed. He had never treated any case of flexion in which dysmenorrhea was not present, although coexistent barrenness has been frequently an additional incentive to the patient to undergo efforts at cure.

He preferred Chambers' bifurcated vulcanite instrument, although the divergence of the branches below the internal os uteri was a radical defect in the instrument as ordinarily used. Frequently the branches should be closed so that the stem might be practically single in that portion which traverses the cervix. His method is as follows: A flexion and its direction being diagnosticated, a flexible bougie is passed through the bent portion of the canal and quite to the fundus. The depth of the canal being carefully noted, a pliable stem, consisting of the distal portion of the same, or a similar bougie, one-third of an inch shorter than the ascertained depth of the canal is selected for introduction. A flange or bulb is formed upon the outer end of the stem by rolling upon it a section of rubbing tubing. The woman being placed on the back in Simon's position and the os uteri exposed with a speculum, the stem, either grasped with a dressing forceps or mounted upon the end of a piece of pointed wire, is passed entirely into the uterus. A large tampon of cotton moistened with slightly alumized glycerine is pressed against the bulb of the stem, and allowed to remain one or two days. The tampon is removed and replaced at suitable intervals, until the tendency of the stem to leave its position disappears. After this yielding stem has remained from one to three weeks, according to the degree of tolerance manifested by the uterus, it is removed and a thicker one put in its place. This likewise is permitted to remain a week or two, and is then replaced by a Chamber's stem. While not very much, or, indeed, any change of shape is to be expected in consequence of the use of the flexible stem, yet, in several instances, a very considerable alteration took place within a few weeks, or even a few days, and in a few cases it was found unnecessary to resort to a rigid instrument at all. Usually, however, it has been found necessary to use an inflexible instrument for from three months to a year—not continuously, but for periods of three or four months, with an interval of a week or two, during which the stem was removed in order to test the degree and permanence of the improvement. The feature of this treatment which is essential to its safety and success is its slow and gradual conduct, and the non-observance of this necessity has been the cause of dangerous results and failures to cure.

The drawbacks attending this method of treatment were: 1. Difficulty in retaining the instrument in position; 2. Pain; 3. Hemorrhage; 4. Pelvic inflammation—all except the first being common to all other methods of treatment. A table comprising the details of sixty-four cases treated by the intra-uterine stem alone was given, showing the ages and social conditions of the patients, the direction of the flexion and the result of the treatment. Of the entire number 42 occurred in married and 22 in single women. Of the former 8 had borne children; the other 34 were sterile. Of the latter 8 subsequently bore children. A cure of the flexion followed in 40; of the remaining 24 four were improved and relieved of dysmenorrhea. In 20 the result was unknown. The ages of the patients ranged from 19 to 39 years. The uterus was anteflexed in 50 and retroflexed in 14.

In conclusion the author said: "I believe the principle of the intra-uterine stem in the

treatment of flexions to be correct; and it need not be dangerous—at least no more dangerous than any other effective method. I further believe that by its use more cases of uterine flexion can be cured than by any other means at present in vogue. The conditions of both safety and success are watchfulness, patience and slow progress."

Dr. D. T. Nelson in opening the discussion said: Mr. President, I am glad to have heard the paper, and think it is a most valuable one. The cautions that it gives are certainly those that all of us should remember, to-wit, the length of the instrument used compared with the length of the uterus, the slow and gradual dilation of the uterus before using the inflexible stem, and removing it on the occurrence of bad symptoms. In recent years I have not been in the habit of using the stem pessary as much as my friend Dr. Jackson, but I think that with his present instructions, I shall try it again. Not that I have not tried gradual dilatation, and the gradual, slow, careful straightening of the uterus, but I have not by this particular means caused the pessary to be retained as constantly as he has. The vulcanite pessary, and the various other forms, including the Wright's or Chamber' modification, I have used, and with many of the difficulties the doctor has narrated. But with his modification it seems to me we can use them with better success. The irritation produced by them has been a great drawback, and in recent years it has been my habit rather to use the form of pessary recommended by one of our members, Dr. W. H. Byford, the slippery elm bougie. It produces a gradual dilatation of the uterus, and often produces remarkable results in the treatment of the flexions and I have had no bad effects from its use. One point that the doctor did not emphasize sufficiently, is that the instrument should not be retained long if it produces pain, but it should be removed and the patient put in bed. I should have preferred to have him give directions for the patient to remove the instrument, if the pain continues for a long time, for if it does, the instrument ought to be removed, and if he should happen to be out of the city and the patient should be unwilling for any one else to see her, serious disease might commence before he returned and removed the instrument. For this reason it is, and always has been, my plan to have the instrument so arranged, by a string or something of that sort, that the patient can remove it herself. We should remember that the instrument should be less than the uterus by a third of an inch, that the uterus is to be put into its proper shape, in a splint, as it were, and then expected to grow right—that it is not cured when it is straightened—if it has been displaced for a considerable time, there has been an atrophy of the uterine tissue on one side, and it make take weeks, or perhaps months, to alter the nutrition of the different parts of the organ, and until that change has taken place it is not likely that the patient is permanently cured, unless pregnancy has taken place, and altered the nutrition of the parts. As to pelvic inflammation, the author has been more fortunate than most of us in the use of stem instruments. One point I wish to add, viz., that when there is any possibility of gonorrheal poison lurking in the genital passages of the female, greater care should be taken in the use of such instruments, or operative procedure of any sort, for that matter. I feel, when there is reason to suspect that this poison has once been implanted that I hardly dare to introduce sound, pessary, or other instrument in the interior of the uterus, and believe that such an instrument should be used with the greatest caution in these cases.

Dr. E. C. Dudley said: Mr. President, The marvelous freedom from dangerous inflammation following the treatment of uterine flexure by forcible dilatation and by the application of the intra-uterine stem, furnishes a striking illustration of the fact that the human uterus will sometimes endure an immense amount of abuse. My own preference is generally for the former method, as advocated by Goodell, Ellinger and others. My experience has only tended to confirm me in the impression that forcible dilatation is reasonably satisfactory in its results, and that the results are reasonable permanent. I would seldom advocate the use of intra-uterine stem pessaries for retroflexion, unless the flexure were of the so-called congenital variety, and therefore associated with atrophy of the uterus, a condition which is very rare. The essayist has, perhaps for reason of brevity, omitted to make the distinction between physiological and pathological anteflexion. This distinction within a few years has been quite clearly defined by Schultze, Fritsche, and others, and their teachings are now recognized as correct by many of the leading gynecologists throughout the world. In the light of their investigations the old diagram of Kolrausch, which for more than twenty years has generally formed the basis for the illustrations of the normal position of the uterus, is now quite generally discarded. The uterus has no absolutely fixed position, but it has a certain normal range of move-

ments. The angle between the body and the cervix may vary according to the varying quantity of material in the rectum and bladder, from zero to at least 45°; Fritsche says 90°, and his observation is possibly within the physiological limits. When the bladder is full the uterus becomes straight and the angle of flexure disappears. When empty the angle may measure from 45° to 90°, and yet not be pathological. It is moreover probable that a flexure of much less than 45° when the bladder is empty, should be considered pathological. Furthermore, anteflexion, even within the defined limits, is always pathological if there be immobility at the angle of flexure; indeed, a displacement exists whenever the organ is restrained from its normal movements. In a word, anteflexion is pathological if the mobility at the angle of flexure be increased or decreased beyond the physiological limits, or absent. Want of a clear understanding of these simple facts has led to the invention of innumerable pessaries for straightening the anteflexed uterus, and they have been persistently employed, to the detriment of the patient, in cases of perfectly physiological anteflexion. Suppose a case: The uterus is shown by digital examination to be so low in the pelvis that when the bladis empty its entire anterior wall is easily easily touched. The physiological flexure, which may be from 45° to 90°, is then perfectly apparent to the examining finger—the symptoms of vesical irritation are attributed to the flexure, and an anteflexion pessary is accordingly introduced, which produces pressure upon the anterior wall of the uterus. The symptoms disappear, and the conclusion is erroneously formed that the relief was dependent upon the straightening of the uterus, when in reality the pessary has, perhaps, produced no such effect, but has merely lifted the uterus to its health level, and thereby relieved the symptoms, which were due not to flexure, but to descent. The same manner of treatment has often been followed by relief from similar symptoms attributed to anteversion, when, in reality, the pessary, by lifting the cervix to a higher level, has exaggerated rather than reduced the anteversion. For this reason all vaginal pessaries, especially designed for anterior displacements, are, in no respect, superior to the ordinary Hodge pessary; indeed, they are objectionable, because in overcoming the descent, they press upon the uterine wall and thereby cause irritation of the organ. Anteflexion is only a symptom which may result from any one of a variety of widely different causes, such as adhesions. uterine fibroid, parametritis posterior, or failure of the puerile uterus to develop at puberty. It would indeed be irrational to attempt the relief of a symptom due to such diverse causes by any single plan of treatment. The essayist would not attempt to do this, but he has neglected to specify the particular flexures for the relief of which he deems the stem applicable. Inasmuch as many of these flexures are dependent upon uterine or peri-uterine inflammation, and inasmuch as there is reason to conclude that dysmenorrhea and other evils are more the result of the inflammatory state than of the flexure itself, I would advise that the stem be reserved for cases which are not relieved after the inflammation has been removed by safer methods. Such a plan would certainly restrict the use of the stem to a very small number of cases, because the symptoms for which it is to be employed would so often disappear upon the cure of the inflammation. It is indeed probable that the dysmenorrhea for which the author has employed the intra-uterine stem, may depend rather upon some faulty nutrition, or upon some disease of the uterus independent of the flexure, and that the stem therefore gives relief by some change which it produces in the nutrition of the organ. If this be true, it would then follow that anteflexion per se really furnishes no positive indication either in itself or in its results, but that the same treatment would be equally effective under similar conditions without the co-existing flexure. Congenital anteflexion of the puerile uterus is undoubtedly a condition for which the stem may be considered one of the legitimate means of treatment. Sterility, whether associated with pathological flexure or not, has been successfully treated by the stem. Winckel says that the presence of the instrument may give a better development to the menstrual decidua and thereby make a better bed for the ovum. One objection to the stem, strongly urged by Schultze, is that by its use the physiological flexure is overcome, and it therefore may be said to produce, rather than to relief, displacement. But we should not permit theoretical considerations to bias our judgment in face of the author's carefully observed results. His contribution is certainly a valuable one, and shows that the instrument, at least in careful hands, is less dangerous than is ordinarily supposed. The author's freedom from inflammatory results is doubtless due to his judicious preparation of each case by means of the olive tipped bougie. Undoubtedly the observations of Dr. Jackson and others must be considered as placing the intra-uterine stem among the useful and approved re-

sources in the treatment of these troublesome cases, but even at the risk of prolixity, I again protest against the indiscriminate treatment of purely physiological anteflexion by any means soever.

Dr. H. P. Merriman said: I have very little to add to what has been said. The use of the various methods that have been proposed seem to me to aim at one given end, to change the nutrition of the uterus. Forcible dilatation does that to a certain extent; it is temporary, however,in its action. Incision produces an alterative effect and accomplishes its purposes. It does not succeed a great many times, neither does the temporary action of dilatation. The use of the stem pessary, on the other hand, succeeds because it is keeping up a continuous pressure upon the parts. Now I am decidedly in favor of this treatment by a stem pessary; it strikes me that it is the only rational method of treating these flexions, which are pathological. After the cause of a flexion has been removed, that is, the inflammation of the uterus or the pressure of a tumor, or pressure of heavy clothing, or whatever causes it, the uterus does not always return to its natural state, and then we need to introduce some method for restoring it to its normal condition, and I do not know of any more rational method than this one. This paper strikes me as a very valuable one. The valuable part of this treatment seems to me not to be so much in the use of this stiff stem, as the earlier treatment by the flexible stem, where, by continuous pressure upon the parts, we are able to accomplish the same effect as passing a sound in chronic cases of gleet, producing a healthy action in a diseased organ and thus producing absorption of a pathological exudate. It strikes me that the doctor recognizes this condition, for often before using the stiff Chambers' stem when he has been using these bougies, in a great many instances he has found the treatment has nearly cured the disease, and if it had been continued longer I believe a cure would have been effected. The intra-uterine stem by continuous pressure induces an alterative action of the tissues, the absorption of exudates and a gradual return to the normal condition of the uterus, and a natural tendency toward a straightening of the uterine canal as the uterus becomes healthy.

Dr. Sarah H. Stevenson said: I have listened to the paper with a great deal of interest, and also to the discussion. My methods are different; I have used the stem pessary a great deal in former years, but for the past two years I have discarded it entirely, as some of the results were unfortunate, although I think I have never had any serious results from the use of the stem. I now use, and have for the past two years, the galvanic curreut entirely, and it is applicable to all cases, especially in those in which the stenosis is so great as not to admit the passage of the bougie. I have never found a case in which I could not use this method with satisfactory results.

Dr. H. T. Byford said: I quite agree with Dr. Dudley in his trite but very true remark, "It is wonderful what an amount of abuse the uterus will stand," and I congratulate Dr. Jackson that he has discarded incision and dilatation in treating flexions. I also congratulate him upon his good success. I believe the mortality from this treatment—the treatment by the intra-uterine stem—has been estimated to be from ½ to 1 per cent. by those who have investigated heretofore. Whether it is so now I do not know. The present per cent. of inflammation of the cellular tissue varies from 2 to 5 per cent., as nearly as I can determine. There are an immense number of cases in which the stem caused inflammation, which have never been published. It seems to me that in considering this subject the reason for this treatment should be made more apparent. There are some who use it as a splint or merely to straighten the uterus; others use it as a stimulant on account of its continuous pressure. There is no doubt it stimulates and temporarily straightens the uterus, but it is well known that in time, in a large portion of these cases, the uterus again becomes flexed. The question arises should we try to straighten the uterus? As Drs. Dudley and Schultze have said, certain flexions are supposed to be physiological (which I not believe), the uterus is supported in the neighborhood of the internal os, which may be said to have fixed a place in the pelvis. The elasticity of the tissue will allow that part of the uterus to be pressed in nearly all directions, but it will come back. The fundus may bend forward or backward and remain in such position for some time, and the uterus still be in a normal position. During youth the child who sits too much, has a curved spine, etc., having a uterus pretty firmly fixed at the cervix, will often have the uterus pressed upon by the abdominal contents in the wrong direction. The normal resistance of the uterus to flexure will be gradually overcome (the uterus may even become atrophied), and a flexion results which, when slight, may be called a physiological flexion, and may exist without causing trouble; but it is pathological. The elasticity which the uterus of normally firm structure displays

during the filling up and emptying of the rectum and bladder is hardly worthy of the name of flexure. Any considerable permanent flexure occuring in this way must be the result of want of firmness in the structure of the uterus. If we are going to use a supporter we should use it when the flexure is forming, not after it has been produced. If we will use such treatment as will remove the improper pressure upon the uterus, viz., by straightening up the spine, using exercise, etc., etc., a stem will be seldom necessary, because whatever flexion has already been produced will usually not cause unpleasant symptoms. If it has gone to the degree of producing atrophy of the uterus we may need to use a stem pessary, but as a stimulant to the uterine tissue rather than a straightener to this organ. I have seen uteri bent almost like a horfeshoe become impregnated and return almost to their former degree of flexion. The intra-uterine stem, in view of its slight action as a support and powerful action as a stimulant, and its notoriously bad record, should be the last resort. The frequency with which Winckel uses the stem is now about one in 218 cases, while formerly he used it about once in 50, and he is using it less all the time. In my experience and the experience of a great many others, if we cure the acute or subacute inflammation of the uterus, and then apply stimulating measures, we nearly always accomplish the cure of the flexion by safer means. There are, of course, a few cases left in which the use of the uterine stem may be justifiable, but I think they are exceedingly rare. If those present, following Winckel, use them only once in 218 times, but few of us will live long enough to do a great deal of harm.

Dr. T. D. Fitch said, Mr. President, I think a paper so commendatory of a measure as this, will perhaps lead many of the members of the profession to adopt it without proper precautions, and without realizing the dangers which attend the use of the intra-uterine stem. I believe it is a very dangerous instrument to use. I am an advocate, as you all know, of pessaries, but I do thiuk the intra-uterine stem a dangerous instrument, and that in less careful hands than Dr. Jackson's, serious results will often follow. My own experience in the use of it has been limited, for the reason that I became alarmed by the bad reports of cases, by Dr. Chambers himself, the inventor of this bifurcated instrnment which Dr. Jackson has exhibited. If the same precautions are used that are advised by Dr. Jackson, I think as a rule it might be entirely harmless—no, I should hardly be able to say entirely harmless, or entirely free from danger—but I think the precautions which he has adopted, have been very ingenious, and would in the majority of cases, prevent serious results from the intra uterine stem. His use of the bougies, preceding the use of the inelastic stem, accustoming the uterine mucous membrane, or the uterus itself, to the presence of a foreign body within its cavity, is very ingenious, and a thing I never would have thought of myself. Although I have tried these pessaries occasionally, my great difficulty has been to keep them in the uterus; I might open them in any direction I pleased, spread the blades as widely as I pleased, and they would slip out—they caused so much uterine contraction, that they would be expelled from the uterine cavity into the vagina, and I have always been disappointed in the results from their use. For several years while I was in active practice, I had adopted the treatment of Peaslee, for flexion and stenosis, whether caused by exudation or spasmodic contraction of the os internum, that is by the use of his uterotome dividing the stricture at the internal os, and then gradually dilate the canal until I could introduce a No. 12 or 14 sound through the os internum. This was introduced every second day from one week to two weeks until it ceased to be followed by pain and by hemorrhage after its introduction, showing that the os internum had been thoroughly dilated and the incision had healed sufficiently, so that no blood followed the use of the sound. After the sound was iutroduced, I used a large glycerine tampon for the purpose of depletion and relief from irritation, and to support the uterus. If it was an inversion, it would hold the fundus up so as to assist in relieving the flexion, to a certain extent at least, and preventing the occurrence or inflammation. I have treated a great many cases in this way and with entire satisfaction, and never had a case of acute inflammatiou of auy kind occur as the result. I believe, however, that a majority of cases of flexion are attended with versions more or less. I don't believe that flexions occur so frequently as is generally supposed, unaccompanied with version, the uterus is tipped over more or less in connection with the flexion; and in connection with the treatment which I have suggested, I have always corrected the version, aud used the ordinary support or pessary to keep the uterus in its proper place, thereby relieving any contraction or pressure which would keep up the flexion. I think the paper an admirable one, and the doctor's precautions in the use of the instrument he has advised, commendable.

Dr. H. C. Feeder said: I would like to ask for information. In the report of these sixty cases of inversion and retroversion it has not been stated how many were accompanied by prolapsus, or what was the cause of flexion; whether in married women getting up too soon after confinement, or whether from acute inflammation. The paper does not go into the facts and state whether the uterus is lightened and thereby goes back of itself to a normal position, nor does it inform us if this could be assisted by giving medicine internally. Much depends upon the state of the patients at the time of treatment, whether they are in a healthy condition, or whether they have some specific blood disease in which medicine would assist in the treatment. And, if the medicine has an alterative effect, how much benefit is received from the medicine and how much from the pessary.

Dr. Jackson said, in concluding the discussion: Mr. President, I feel that I ought to express my thanks for the courtesy with which this paper has been received. It is only a thirteen minute paper, and there are a great many things in the domain of medicine that are not in it, and a great many questions might be asked on subjects growing out of and connected with it, which I could not answer, if I were disposed to. The intention of the paper is simply to demonstrate the efficacy of a single remedy in correcting a single deformity. Questions as to whether the uterus was prolapsed, whether the patients had taken antibilious pills, or had cachexia, really do not enter into the consideration of the subject. I supposed that was perfectly plain from the fact that no mention was made of anything beyond the mere condition of deformity. I am very glad so many excellent ideas have been added to it. The suggestion of Dr. Nelson as to the patient being able to withdraw the pessary is excellent and is never omitted. I never introduce a pessary that I do not attach to it a silken cord by means of which the patient can withdraw it in case of necessity. As a rule, every patient should be able to withdraw any instrument placed in the genital passages; the regular attendant may not be at hand when needed, there may be an aversion on the part of the patient to calling in another physician, and she should have the proper means at her disposal. The remarks of Dr. Dudley as regards the distinction that should be made between pathological and physiological conditions resulting in flexion are quite proper, and I agree with him fully. We all know that the conditions preceding and accompanying these bent conditions of the uterus are very various; and in many cases no stem, incision, or other means will have a beneficial effect, although they may for a time cause the uterus to be straight. But the mere straightening is not always the main element of cure. When the uterus has been chronically flexed there will be a thinning of the side towards the angle, showing local failure of nutrition, either as cause or effect of the bending. Straightening, therefore, is one element of cure in a uterus where there is insufficient nutrition, and I do not believe that any other means exclusive of this cures flexion. But it must not only be straightened, but its circulation must be fully restored, otherwise the organ will resume its bent condition. We cannot put a splint on the outside of the uterus, and the intra-uterine stem affords a means by which the uterus may be kept straight enough to allow of circulation on each side. The method of treating flexions by forcible and extensive dilatation does more than dilate. It straightens, also. A bend may be just as acute in a large tube as in a small one, and mere stretching will not suffice, and its results usually not be permanent. Gradual dilatation is much more promising, and next to the method by the stem I would prefer it. I have only treated cases of flexion in which dismenorrhœa was present, a symptom that interferes with the patient's health, and the dysmenorrhœa was usually cured or relieved. I do not think this such wonderful success; only about two-thirds of the cases were cured, some were simply improved, and in some I do not know the result. Yet I think there is no other method that will do quite as well. The suggestion made in the discussion accounting for the safety and success of the treatment are, I think, correctly attributed to the preliminary measures—the slowness of the straightening and the prompness with which any tendency to harm could be met. The object was to accustom the uterus to its tenant, so that by and by it would accommodate a larger one and in this way the uterus has been made to receive and tolerate the presence of an inflexible instrument. In one case a Chambers' stem was retained twenty months, and I think if the patient had not returned and told me that she was wearing it, it would be there yet. It produced no unfavorable symptoms.

Dr. A. R. Small reported

A Case of Pistol-Shot Wound.

May 2d, 1886, he was called to see F. R., aged 23, who, a few minutes previously, had received a shot from a No. 32 pistol. Patient was suffering from shock, difficult

breathing, and excessive pain in the left leg below the knee. The ball had struck the right eighth rib, about two inches external to the costal cartilage. Sensation was lost in the right leg below the knee. Motion was not impaired in the right leg, though the sensation was lost below the knee. The left leg was hyperesthetic below the knee, and motion slightly impaired. A drainage-tube was inserted about two inches into the wound, and the wound dressed autiseptically. The patient complained of no pain except in left leg below the knee, where the pain was excessive. Morphia was given hypodermically in sufficient doses to control the pain. Nothing was allowed the patient the first twelve hours but ice, and occasionally water. About 10 P. M. there was evidence of internal hemorrhage, and the patient seemed to be sinking. Milk was then given in small quantities frequently. The morning of the 3d he had rallied somewhat.

The urine was drawn by the catheter every eight hours, and contained blood. There was no expulsive force to the bladder. Respiration was normal after the first two hours.

On the afternoon of the 3d, patient became delirious, and continued so, with occasional lucid intervals, until death, which occurred at 4:20 P. M. on May 4th.

Autopsy five hours after death. Rigor mortis well marked. Unfortunately, through a misunderstanding, the undertaker had preceded us and injected his preserving fluid, so that we were unable to determine exactly the amount of blood in the right pleural cavity. It must have been qulte large, however, as the right lung was entirely collapsed. The ball made a clean round hole through the centre of the eighth rib on the right side, about two inches from the costal cartilage, passed through the lower side of the right pleural cavity, without injuring the lung, passed through the diaphragm, right lobe of the liver, and superior portion of right kidney, and through the intervertebral foramen between the eleventh and twelth dorsal vertebæ, on the right side of the spine, and lodged against the posterior surface of the body of the eleventh dorsal vertebra, just within the spinal cord, where it was so firmly imbedded that it could not be removed without disarticulating the spine, which, for sufficient reasons, we did not do.

Though we found the right lung collapsed, respiration had been normal except the first two hours after the injury.

Dr. Alfred S. Houghton read a paper on

The Danger in Specialism.

He said that specialties had greatly increased medical knowledge and skill, and had secured for many much reputation. Hence young practitioners grasp any excuse for becoming specialists. But man is not a machine, but a complicated organism, and disease is complex, one organ sympathising with another; hence it is necessary to examine every portion of the body and treat all organs affected. Hence there is danger in a specialist limiting his sphere of action and usefulness to an unnecessary degree. Another danger is that specialists are apt to become egotistic, and give rise to utterances which they will afterwards regret.

—"Since Grant died," said Gen. George A. Sheridan in a lecture recently, "I have had a kindlier feeling for death than ever before. Somehow I believe that the grim slayer, moved by admiration for the soldier who was making such a splendid fight against him, and awed by the depth and majesty of the love that moved his pen across the weary pages, held back the final shaft till the old hero's work was done, and his soul could pass out tranquil and untroubled by thought of danger to his loved ones."—("Med. and Surg. Reporter.")

What a grand and noble battle that was! Shiloh, Donelson, Pittsburgh Landing, Appomatox and all, though victories, pale into insignificance as compared with his last fight. No hero could have wished for a better opportunity for showing his heroism.

Dr. F. L. Sim, of Memphis, Tenn., has had a happy experience in the use of antipyrin in cases of emergency from high temperature with nervous complications, but thinks it of little value in typho-malarial fever unless a high degree of temperature exists. He fears its use rather protracts the fever than otherwise. He has not found small doses often repeated to have the desired effect, as does a single large dose, which in some cases should be thirty grains. He likes its use in muscular rheumatism, but prefers salicylate sodæ in the articular rheumatism.—("Miss. Valley Med. Monthly.)

—At the 105th annual meeting of the Massachusetts Medical Society, June 8th, Lieutenant Gov. Pillsbury made a very good speech. Among other good things he said, in referring to the Board of Health, Lunacy and Charity bill passed by the legislature a few years ago (a very blundering bill), he denounced it, and said the Board of 1879 was created "with lunacy toward all, and with charity for none."

CORRESPONDENCE.

THE SOUTHERN ILLINOIS MEDICAL SOCIETY.

Editors Review: A pleasant ride with good friends through the modern "Egypt" brought your correspondent to Murphysborough. One might easily see from the number of old familiar faces that the Southern Illinois Medical Society was to have another of its profitable and interesting meetings. Forty members responded when the society was called to order, and without waste of time, under the guidance of the president, Dr. Beatly, the work began. It is well known that in this society a member is expected to perform the duty assigned him, and he generally does. So it was that the programme, as published a fortnight since in the REVIEW, was almost fully carried out.

The minutes and papers are likely to find their way to your columns, but we cannot forbear enclosing the rhythmic address of the chairman of the committee of arrangements, Dr. O.B. Ormsby.

It is my privelege to greet you,
To say I'm very glad to meet you;
And, in the name of my committee,
To bid you welcome to our city.
And this committee bids me say
Some pleasant words to you to-day;
Because twelve years have rolled away
Since this Association lay
An infant, blinking round to see
Whether "to be or not to be,"
And wrestling with this question deep,
Until it thought itself to sleep.

Fearing the little thing might die,
Your ancient nurses (wet and dry)
Filled you with the softest pap;
They held you carefully in lap;
And when your face began to scowl,
In preparation for a howl,
Sang, "tootsey wootsey, pretty baby,
She's the darling little lady!"
Thus, from their withered lips first fell
The "taffy" that you love so well.

They watched you eating, sleeping, breathing;
They nursed you carefully through teething,
Then fed you up on corn and beans,
Till now you're entering on your "teens,"
A healthy, hearty, well grown lass,
Who, gazing in her looking glass,
Sees there a face and sloping shoulder
That will, when you're a little older,
Set the young fellows round you crazy,
While older ones say "She's a daisy!"
And poets dedicate their verses
To you, or maybe to your nurses.

But now, lest time should run to waste,
With my appointed task I haste;
And warmly greet you all again,
Not as a body, but as men,
Who, wishing well to human kind,
Are striving earnestly to find
The means to remedy each ill,
Each moan of agony to still,
Armor to use when deadly strife
Assails the citadel of life.

We welcome here the young, the strong,
Whose days of labor may be long;
Whose step is firm, whose eye is bright,
Whose hope is high, whose heart is light.
And to the elders let me say
Look not askance on their array,
For they, too, serve the cause of truth,
Chanting, meanwhile, this

SONG OF YOUTH.

Oh! the morn is bright, and our hearts are light,
For the path before us lying,
Leads far away, through the meadows gay,
To the mountain's crest, where the sunbeams rest,
And the fleecy clouds are flying.

O! the breezes play o'er the flower-strewn way,
And the dew drops brightly shining.
We are free from care, for our skies are fair,
And the birds of spring in the branches sing
Where the oak and the vine are twining.

We are young and strong, and we haste along,
The gray heads far outstripping;
They have grown so old that they only hold
To the teachings sage of a bygone age,
And the world is from them slipping.

Perhaps their way in an early day
Was viewed with approbation,
But we've turned the page, and a younger age
Sets them aside, and joins with pride,
In our mutual admiration.

O! we're young and strong, and we push along;
To the head of the class we're going;
And we'll take our place with an easy grace,
And an air to show that what we don't know
Is certainly not worth knowing.

Thus, with merriment and song,
Young assurance hastes along,
Stretching forth an eager hand
To grasp the scepter of command,
Thoughtless of the toil and strife
Pressing on each human life.

Rush not so heedless on your way;
Your footsteps here a moment stay;
Scan we yet again the page,
And repeat

THE SONG OF AGE.

Ah ! the mists brood over the deep,
  Where the ship in the waves went down;
And the storm-clouds rise and sweep
  O'er the mountain's glittering crown.

In vain we wearily strive and wait,
  Gazing afar till our eyes grow dim;
The winds blow cold, and the hour is late;
  The ship of our hopes not yet comes in.

So, while we are watching, the falling tide
  Breaks over the wrecks with fret and foam.
Did our ship go down in the waters wide,
  Or through storm and night is she sailing home?

Thus youth and age, through different glasses,
Review life's pageant as it passes;
Each, in his own way, acts his part,
In hut or hall, or crowded mart;
On some success and honors fall,
Yet toil and striving wait for all.

But now, that we're again together,
In June's long days of pleasant weather,
Our field of labor to review,
And old time friendships to renew,
Let all clasp hands in hearty greeting;
Let smiles inaugurate our meeting,
From every breast let envy flee;
Be every heart from sorrow free;

Let pleasure crown this happy day,
And every burden fall away.
May care forget your brows to furrow,
While you remain in Murphysborough.

Poetry and song filled in the hours of a pleasant evening mid-way between the days of meeting. The meeting was, as we predicted, a success.

FABER.

NEW YORK LETTER.

NEW YORK, June 19, 1886.

Editors Review: The hydrophobia discussion has recently received a new lease of life. Two causes have contributed to this. One is the formation of a "Pasteur Institute," under the direction of Dr. Valentine Mott, which has secured working quarters in the Carnegie laboratory of Bellevue College. The other is the result of a recent meeting of the Medical Jurisprudence Society. At the latter gathering, Dr. E. C. Spitzka read a paper, opposing the well known theories of M. Pasteur. He admitted that a number of deaths had recently occurred in this city from "spurious" hydrophobia, but that the scare attendant upon the publication of these theories, was responsible for these deaths. Researches into the nature of this disease should be kept secret. The best plan would he to muzzle both the dogs and the newspapers at the same time.

He then gave an account of some experiments in which he failed to produce rabies with rabiac virus, but in which he had produced it with putrid liquid, soap, matter from the spinal cord of a perfectly healthy calf, etc. A large dog affected, was etherized and trephined, and his brain was examined. All the physicians present agreed that it presented the characteristics described by Pasteur as hydrophobic, i. e., the latter condition could be produced by the inoculation with any irritant material, and was, consequently, not specific.

But the newspapers would not hold their heads still, and refused to be muzzled. They all attacked Dr. Spitzka, and denounced his experiments as inconclusive, and his conclusions as without weight. Dr. Spitzka has vigorously replied to his critics, and evidently proposes "to fight it out on this line, if it takes all summer."

The annual announcement of the College of Physicians and Surgeons has recently appeared. The number of students in attendance at the last session was 502. The Faculty list is increased by the names of Dr. G. L. Peabody, lecturer on materia medica, Dr. W. T. Bull, adjunct lecturer on the Practice of Surgery, Dr. R. J. Hall, adjunct lecturer on the Principles of Surgery, Dr. G. S. Huntington, assistant demonstrator of Anatomy, and A. H. Elliott, Ph. D., assistant in chemistry. One more session of lectures will be held in the old quarters. The new buildings will be completed in August, 1887, with full realization of immensely increased facilities for teaching and research.

At the last meeting of the Pathological Society, Dr. Frank Ferguson presented microscopical specimens of fatty emboli of the lungs from a case of multiple fracture. The patient, a sailor, had fallen twenty feet. There was much blood in the retro-peritoneal tissue and around the bladder. The lungs to the eye seemed very anemic. There were large areas of emboli completely occluding the capillaries. The kidneys showed a similar condition less distinctly. The specimen had been placed in osmic acid, thus staining the fat black.

In reply to a question of Dr. Prudden, Dr. Ferguson said he had prepared these specimens in the fresh state. Hardening fluids often destroyed the natural appearance. With a Valentine's knife he could cut fresh organs (excepting the spleen) in sections which, while rather thick, could yet be studied with sufficient accuracy. These particular specimens were mounted in a simple salt solution. Glycerine had the same re-

fractive power as fat, and the latter would have been invisible had the former been used. He thought it possible to harden lumps of fat containing tissue before sections were cut.

Dr. W. Gill Wylie presented a series of specimens of tubes and ovaries which he had removed. During the past year he had operated for removal of uterine adnexa twenty-eight times, with but two deaths. Half of these were for pyo-salpinx. He thought that if, for any reason, the tubes became stopped, the ovaries would become cystic, not from a failure of the corpus luteum to burst, but from a true cystic degeneration. We may also have cystic degeneration without tube occlusion, but we generally have in addition an imperfect development of the uterus and genitalia. Wherever he had operated for ovarian disease in cases presenting hystero-epileptic symptoms, he had never failed to find the ovaries cystic.

Dr. Amidon inquired how much relief was afforded to the patients by the operation.

Dr. Wylie replied that the results were very satisfactory. He had known of some six or seven complete recoveries.

Dr. Putnam-Jacobi called attention to the fact that Charcot had denied the causal relation of ovarian hyperesthesia to hystero-epilepsy.

Dr. Elizabeth Cushier presented a specimen of ovarian tumor, removed from a German, æt. 26, married five years, and having had three children. In January last she noticed a lump in the left side of the abdomen which was painful. It had gradually grown, and on admission to hospital in April, reached half way to umbilicus and was very sensitive. Patient was cachectic, and the vaginal roof was very hard and sensitive. Malignant disease was suspected. Urine negative. Later, patient had convulsions, left external strabismus, passing into semi-coma, albuminuria, and gradually sank, dying May 17.

The autopsy showed that the tumor had really grown from the right ovary. There were secondary deposits in the liver, lungs and kidneys. The tumor itself was of the type of medullary carcinoma. The secondary deposits were of a less distinctive character.

The brain of the same patient was exhibited by Dr. Putnam-Jacobi. There had been hemorrhage over the posterior part of the right cerebral cortex. There was also a tumor, occupying the site of the left temporal convolutions.

Dr. Amidon remarked that this site was regarded as the center for word-deafness. He inquired if the patient had exhibited this symptom.

Dr. Jacobi said the patient had seemed very stupid and loth to answer questions, but was perfectly rational in all she said.

Dr. Lane presented a cyst of the ovary (probably dermoid) of enormous size, removed from a patient, æt. 69.

J. E. N.

LONDON LETTER.

LONDON, June 8th, 1886.

Editor Review. The question of whether we are to have or attainable degree for the mass of our students in London, or not, is once more to the front. It is to which I have frequently referred in my letters to you, but I may perhaps be pardoned for again dealing with it in view of the important meeting which took place last week at one of the branches of the British Medical Association when such well known leaders as Sir Andrew Clark Mr. Jonathan Hutchinson, Mr. Macnamara, and Dr. Broadbent come forward to express their sympathy with such a movement.

It is often said that the public are not discrimnators in this matter and that if a man gets the confidence of his patients they do not trouble to enquire whether he is "Mr." or "Dr." and would be quite content with him, however, humble his qualifications might be. There is no doubt a good deal of truth in this, and to the man who has established himself in public favor, it matters not what his qualifications are nor where he obtained them, but it is not so with the beginners, at any rate, and this is the really imporfant point, they do not believe that this is so. The result is that a large number of students every year desert the London schools and flock northwards to obtain the Edinburgh or some similar degree thereby or, as is contented with much force, depriving themselves of the enormous and certainly unequalled clinical advantages which the London hospitals afford to those who choose to avail themselves of them.

The Royal Colleges of Physicians and Surgeons whose amalgamation is now an accomplished fact have it in contemplation to apply for powers to give a degree to such as shall hage passed their conjoint examinations, and have given some additional proof of general eduction over and above those now required, and it was to strengthen them in this scheme that the meeting was held last week. The unonimity which pervaded the meeting augurs well for their ultimate success.

It is likely however that the two colleges will not rest content with establishing a mere examination, but will proceed to undertake professorial teaching on a large scale, though as yet this scheme is quite in embryo. They have, however, a large plot of land on the Thames embankment adjoining the new examination hall (in process of erection) on which they may and probably will

erect lecture theatres and other rooms to be devoted to didactic purposes, and they would then be in a position to claim the title of a Royal school of Medicine in the best sense of the word, and to give instruction in all the theoretical parts of a medical education with advantages not possessed even by our largest schools. When this comes to pass, and I do not doubt that it will some day, we shall see what many of us regard as a great anomaly swept away. I mean the existence of so many small medical schools is each claiming to be complete in itself. At present we have eleven such schools, if there were only four there would be the less need fos change, but as it is nobody can pretend to believe that in many respects medical education would not be more thoroughly and more efficientl carried on by a decidedly less number. I think a number of hospitals where clinical teaching can be carried on is a distinct advantage and I should not be sorry to see schools of medicine formed at some of those hospitals, where, at present, no students are attached, but it should be on the condition that they did not attempt to reach anything but the purely clinical and practical parts of the profession.

The Medical Council are holding their annual meeting, or I should say their regular annual meeting. For the last few years they have managed always to find it necessary to hold a second session in the autumn. The business before them this time has been of the usual character, the chronic dispute as to whether elementary mechanics shall be an indispensable preliminary subject before registration, has been again fought out, and doubtless will be wrangled over again and again at successive meetings for many a long day to come; and the visitations of examinrtions and reports of the visitors thereon have as usual afforded a splendid opportunity for prolonging the meeting of the Council at a time when so many of its members find it a pleasant thing to have business which detains them in London. I have on former occasions so fully alluded to their sayings and doings that I need not trouble your readers with further remarks on the present session, which, so far as I can judge, is just as dull and likely to be just as profitless as its predecessors.

As usual there is a medical bill before Parliament, and also a lunacy bill, but the attention of the government is far too much occupied with Irish affairs to enable it to give a thought to any other business. It is more than likely that either of them will become law this session, or indeed I might say this Parliament, for a dissolution seems now quite assured.

Our scientific societies have now nearly all rested from their labors, as for some doubtless sufficient reason it is rare for them to hold meetings after May. At the last meeting of the Royal Medical and Chirurical Society a subject of some interest to Americans was brought forward. Dr. Stevenson and Mr. W. Brace Clarke communicated the results of their experience in the treatment of stricture of urethra by electrolssls. I believe they have been the first in this country to give a trial to a line of treatment that has been in vogue for some time in your country. Their resuits they say bear out in every particula the results of your countrymen have already recorded.

The points to which the authors of the paper especially drew attention were that usually there is no bleeding after the operation, and that when it does occur it is accidental and shows that too strong a current had been used, that no or only slight pain was caused, and that no anæsthetic was required. That no antiseptics were needed; that the patient was not precluded from pursuing his ordinary avocations during the period of treatment, and that there was little or no tendency to return on the part of the stricture. They detailed six cases in support of their paper in all of which the results had been good. In the discussion which followed, the oniy point which the objectors were able to lay hold of was that it was as yet too soon to speak with any confidence about the final result, as the longest of the cases only extended to a duration of eight months since the operation. I believe the paper, however, will have a great practical effect, and it said that at St. Peter's Hospital for Stone and Diseases of the Bladder arrangements are being made to establish an electrical department and give the new method a full trial.

The medical profession has been well represented on the walls of the Academy this year. For instance, Mr. Ouless R. A. has sent portraits of Sir Henry Pitman, Dr. J. Burdon and Prof. Humphry. The first named is a speaking likeness and is destined to enrich the collection of portraits possessed by the College of Physicians, for whom it has been painted. The others will find a home at Oxford and Cambridge respectively. Surgeon-General Longmore (who has recently been knighted by the Queen), the late Dr. Evory Kennedy and Dr. Herman Weber, are also on the walls, but the portrait of Dr. Samuel Wilks by a young lady student, is far better than any others, and is a striking production. Besides these there is the marble bust of Sir James Paget, ordered a year ago by the Council of the College of the Surgeons, to commemorate his long and valued services, belonging to that institution. There is also the statue of the late Sir Erasmus Wilson, which is about to be erected at Morgate, where he did so much to render his name honored for all time.

And there is a plaster case of the statue of John Hunter which the Queen so graciously presented to the University of Oxford a few days ago. I do not know whether there are many works of art by medical men on the walls. Our two chief representatives in that line, viz., Sir Henry Thompson and Sir Prescott Hewett do not seem to have sent in anything this year.

Yours, R. M.

BOOKS RECEIVED.

Diseases of Stomach and Intestines. By Prof. Dujardin-Beaumetz. Translated from the fourth French edition, by E. P. Hurd, M. D. New York. William Wood & Co., 1886. K.

Our Penal Machinery and its Victims. By John P. Altgeld. Chicago, A. C. McClurg & Co., 1886.

Report of the Illinois State Board of Health, 1886.

NOTES AND ITEMS.

"A chiel's amang you takin' notes,
And, faith, he'll prent 'em."

—The meanest medical journal in the land (and medical journals are not all criterions of decency) would scorn to accept some of the advertisements of the average religious paper. The unscrupulous need not steal the livery of heaven, so long as he is permitted to pay advertising rates.—"Weekly Med. Review." A glance at some of the advertisements in the "Review" reveals a decided case of the pot calling the kettle black.—"Western Druggist."

[Not guilty. We haven't even mentioned the "Western Druggist" in our advertising pages,]

—The "Journal of the American Medical Association" states that in 1880 the paying membership of the Association was less than 2,000, while now that number is double. "These facts," says our contemporary, "do not afford much support to the idea that the Association is about to crumble to pieces or be speedily succeeded by a Congress of American specialists constructed from a union or confederation of half a dozen American specialist organizations, whose entire membership will hardly number five hundred."—Maryland Medical Monthly.

—The Southern Illinois Medical Society, which met at Murphysborough, is not the only one which has been favored with a poetical effusion this genial month of June. The State Medical Society of Massachusetts received a delightful pleasure from the talented wife of Dr. John G. Blake, of Boston. We regret that our columns are crowded with so much prosy matter as to interfere with our giving the poem in full. The last verse is as follows:

Now a last word in wishes: may health and good cheer
Be your maxim of life every day of the year;
May the honor of toil make its hardship amends,
And your firesides be rich in wife, children and friends;
May each patient who lives send a check for his bill,
And the odd one who dies write your name in his will;
And the God of the Doctor grant this little boon,
One other day off for a dinner next June.

We are much disposed to think that the dying patient who writes his doctor's name in his will is indeed an "odd one."

—Dudley S.—What has become of "Progress?" June, jolly, gentle, genial June has been with us now twenty-one days, and yet no "Progress" has reached our sanctum. Progress must progress towards a complete and safe delivery, or we fear that embryotomy may be necessary.

—We see in the columns of the "Medical News" that a medical school is to established in Wheeling, W. Va.

A Wheeling Medical College must be a medical college on wheels—a new feature in medical educational institutions.

—The later news from some of the Eastern delegates in attendance upon the St. Louis meeting of A. M. A. in May is sad, so very sad, since their return home. Shoemaker has suffered with insomnia; Wile has been very ill, very ill, indeed, but from the appearance of the June number of the "New England Medical Monthly," we are inclined to hope that he may pull through. It is pathetic that he should come West and lose his health. Wyman, of New York, had to lose his trunk before reaching his hospital home on Staten Island—stolen—loss about three hundred dollars. Who'd have thought that an M. D. would have so valuable a Saratoga. They say Wile and Shoemaker will hie themselves to Europe this summer to recuperate.

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